

FISCAL YEAR 2020 SENIOR TAX EXEMPTION – CLAUSE 41C ½

Senior Tax Exemption Clause 41C ½ is purely “income based” and does not consider personal assets. In order to qualify, the applicant will need to document:

AGE: Applicant is at least 65 years of age as of July 1, 2019

OWNERSHIP: Applicant owns the property in Revere as of July 1, 2019 and has owned that property or another property in Massachusetts as a domicile for any 5 years

DOMICILE: Applicant has occupied the property in Revere as of July 1, 2019 and has been domiciled in Massachusetts for the preceding 10 years

INCOME: Income of applicant was less than \$58,000 in calendar year 2018

➤ HOW TO COMPLETE THE APPLICATION:

- 1: Fill out Sections A, B, C and D
- 2: Document **ALL** sources of income attributable to the applicant
- 3: Attach Copies of Federal and State Income Tax Return (2018) (if applicable)
- 4: Attach Copies of all supporting documentation

CHECK LIST

- A Copy of Birth certificate to show proof of age – 65 as of July 1, 2019 (**first time only**)
- Proof of property ownership as of July 1, 2019 (Assessing records or Deed)
- Proof of occupancy of home in Revere as of July 1, 2019 (Voter registration or 2 utility bills, tax return)
- Statement of all income sources: IRA accounts, pensions, rents, social security, etc
- A copy of State and/or Federal Income Tax Return from calendar year 2018 (if filed)
- Trust documents and Affidavit of Trust if home is in a trust
- Completed Application

Please provide copies of all documents, copies will not be made

Income information for filing Fiscal Year 2020 is calendar year 2018

Submit completed application to: Revere Assessor's Office
281 Broadway
Revere, MA 02151

Filing deadline for Fiscal Year 2020 is April 1, 2020

CITY OF REVERE

Date Received _____

Application # _____

SENIOR 65 AND OLDER

Parcel ID:

___ Ownership

___ Occupancy

FY 2020 APPLICATION FOR STATUTORY EXEMPTION

___ Status

___ Income

General Laws Chapter 59, Section 5

___ Age

___ Granted

___ Denied

___ Deemed Denied

Date Voted _____

This application is not open to public inspection (GL Chapter 59, Section 60). It must be filed with the Board of Assessors on or before December 15 or 3 months after actual (not preliminary) tax bills are mailed for Fiscal Year if later. Filing this form does not stay the collection of your taxes.

INSTRUCTIONS: Complete all sections fully. (Please print or type.)

A: IDENTIFICATION.

Name of Applicant: _____

Marital Status: _____

Telephone Number.: _____

Legal Residence (Domicile) on July 1, 2019 _____

Mailing Address (if different): _____

Location of Property: _____

No. of Dwelling Units: _____

Did you own the property on July 1, 2019? _____

Yes No

If yes, were you ___ Sole Owner ___ Co-Owner with Spouse only ___ Co-Owner with others

Was the Property subject to a trust as of July 1, 2019? _____

Yes No

(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? _____

Yes No

If yes, name of City or Town _____ Amount exempted \$ _____

B. EXEMPTION STATUS.

Date of Birth _____

(If first year of application, attach copy of birth certificate)

Have you owned and occupied the property as your domicile for at least 11 years? _____

Yes No

If no, list the properties you owned / or occupied during the past 11 years.

Address

Dates

Owned

Occupied

Continue list on attachment in same format as necessary

C. GROSS RECEIPTS FROM ALL SOURCE IN PRECEDING CALENDAR YEAR.

Copies of your federal and state income tax returns may be requested to verify your income.

	Applicant
Retirement Benefits (Social Security, Railroad, Federal Mass and Political Subdivisions)	_____
Other Pensions and Retirement Allowances	_____
Wages, Salaries and other Compensation	_____
Net Profits from Business and Profession or Property Rental	_____
Interest and Dividends	_____
Other Receipt (Capital Gains, Public Assistance, etc)	_____
TOTALS	_____

D. SIGNATURE: sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents are true, correct and complete. I hereby authorize any and all persons, agencies and institutions to release to the Revere Board of Assessors any and all information to verify eligibility for a tax exemption in conjunction with Chapter 59 Section 5 of the Massachusetts General Laws. The information obtained will be kept confidential and will be used only in connection with the application or pending with the Revere Board of Assessors

Applicant Signature

Date

If signed by an agent, attach copy of written authorization to sign on behalf of taxpayer.