

FISCAL YEAR 2019 LEGALLY BLIND PERSONS TAX EXEMPTION

The applicant will need to document:

PROOF OF LEGAL BLINDNESS: Certificate of legal blindness from the Massachusetts Commission for the Blind

OWNERSHIP: Applicant owns the property in Revere as of July 1, 2018

DOMICILE: Applicant has occupied the property in Revere as of July 1, 2018

➤ **HOW TO COMPLETE THE APPLICATION:**

- 1: Fill out Sections A, B, and C
- 2: Attach certificate of legal blindness from the Massachusetts Commission for the Blind

CHECK LIST

- Certificate of legal blindness from the Massachusetts Commission for the Blind
- Proof of occupancy of home in Revere as of July 1, 2018 (Voter registration, 2 utility bills, tax return)
- Trust documents and Affidavit of Trust if home is in a trust
- Completed Application

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

Filing deadline for Fiscal Year 2019 is April 1, 2019

37A

CITY OF REVERE

BLIND

FY 2019 APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

Date Received _____
Application # _____
Parcel ID: _____
____ Ownership
____ Occupancy
____ Status
____ 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: _____

Social Security No. (optional): _____

Tel No.: _____

Legal Residence (Domicile) on July 1, 2018: _____

Mailing Address (if different): _____

Location of Property: _____

No. of Dwelling Units: _____

Did you own the property on July 1, 2018? _____ 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, 2018? _____ 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.

Were you legally blind as of July 1, 2018 _____ Yes _____ No

Are you registered with the Massachusetts Commission for the Blind? _____ Yes _____ No

If yes, give Certificate Number: _____ Date registered: _____

(Attach copy of certificate)

If no, attach a letter from your doctor indicating status as of July first.

C. 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.

Your Signature

Date

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