

# **FISCAL YEAR 2019 SENIOR/SURVIVING SPOUSE TAX EXEMPTION**

## **CLAUSE 17D**

Senior/Surviving Spouse Tax Exemption Clause 17D is purely “Asset Based” and does not consider personal income. In order to qualify, the applicant will need to document:

**AGE:** Applicant is at least 70 years of age as of July 1, 2018

**SURVIVING SPOUSE:** Spouse deceased prior to July 1, 2018

**OWNERSHIP:** Applicant owns the property in Revere as of July 1, 2018 and has owned that property or another property in Massachusetts as a domicile for 5 years.

**DOMICILE:** Applicant has occupied the property in Revere as of July 1, 2018 and has been domiciled in Massachusetts for the preceding 5 years

**INCOME:** Assets of applicant is less than \$ 63,760

### **➤ HOW TO COMPLETE THE APPLICATION:**

- 1: Fill out Sections A, B, C and D
- 2: Document **ALL** sources of Assets attributable to the applicant
- 3: Attach all supporting documentation

### **CHECK LIST**

- Senior - Birth certificate to show proof of age – 70 as of July 1, 2018 (first year only)
- Surviving Spouse – Death certificate of spouse prior to July 1, 2018 (first year only)
- Proof of property ownership as of July 1, 2018 (Assessing records, Deed)
- Proof of occupancy of home in Revere as of July 1, 2018 (Voter registration, 2 utility bills, tax return)
- Statement of all Asset: Examples: Savings, Checking, CD's, IRA, Money Market, Stocks, Bonds, Motor Vehicle, Other Real Estate and Personal Property.
- 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**

**CITY OF REVERE**

Date Received \_\_\_\_\_

Application # \_\_\_\_\_

Parcel ID:

\_\_\_ Ownership

\_\_\_ Occupancy

\_\_\_ Status

\_\_\_ Income

\_\_\_ Assets

\_\_\_ Granted

\_\_\_ Denied

\_\_\_ Deemed Denied

Date Voted: \_\_\_\_\_

**SENIOR 70 AND OLDER - SURVIVING SPOUSE**

**FY 2019 APPLICATION FOR STATUTORY EXEMPTION**

**General Laws Chapter 59, Section 5**

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.

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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.**

Have you owned and occupied the property as your domicile for at least 5 years? \_\_\_ Yes \_\_\_ No

If no, list the properties you owned / or occupied during the past 5 years on next page.

Date of Birth: \_\_\_\_\_

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

Please indicate if you are a surviving spouse: \_\_\_\_\_

and complete the questions that follow.

Deceased spouse's name: \_\_\_\_\_

Date of death: \_\_\_\_\_

Have you remarried: \_\_\_ Yes \_\_\_ No

If yes, date of remarriage: \_\_\_\_\_

(If first year of application, please attach copy of death certificate)

If necessary, list the properties you owned and / or occupied during the past 5 years.

Address	Dates	Owned	Occupied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR**

Documentation may be requested to verify your assets.

REAL ESTATE:	Assessed Valuation	Amount Due on Mortgage	VALUE
Domicile	_____	_____	_____
Other	_____	_____	_____

**PERSONAL ESTATE:**

Bank Accounts: Name and Address of Bank (Savings/Checking Accounts, Money Market, CD's IRA etc)	Account No.	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stocks, Bonds, Securities, Etc.: Description	Amount
_____	_____
_____	_____

Motor Vehicles and Trailers			Amount
Year	Make	Model	
_____	_____	_____	_____
_____	_____	_____	_____

Other Non-Exempt Personal Property		Amount
Kind	Description	
_____	_____	_____

**TOTAL**

**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

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

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