

## **FISCAL YEAR 2019 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, 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 10 years

**INCOME:** Income of applicant was less than \$ 57,000 in calendar year 2017

### ➤ **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 Federal and State Income Tax Return (2017) (if applicable)
- 4: Attach all supporting documentation

### **CHECK LIST**

- Birth certificate to show proof of age – 65 as of July 1, 2018
- 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 income sources: IRA accounts, pensions, rents, social security, etc
- A copy of State and/or Federal Income Tax Return from calendar year 2017 (if filed)
- Trust documents and Affidavit of Trust if home is in a trust
- Completed Application

Income information for filing Fiscal Year 2019 is calendar year 2017

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

**Filing deadline for Fiscal Year 2019 is April 1, 2019**

Assessors Use Only (BLUE)  
41C 1/2  
Date Received \_\_\_\_\_  
Application # \_\_\_\_\_  
Parcel ID:  
\_\_\_\_ Ownership  
\_\_\_\_ Occupancy  
\_\_\_\_ Status  
\_\_\_\_ Income  
\_\_\_\_ Granted  
\_\_\_\_ Denied  
\_\_\_\_ Deemed Denied  
Date Voted \_\_\_\_\_

**CITY OF REVERE**

**SENIOR 65 AND OLDER**

**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: \_\_\_\_\_

Telephone Number.: \_\_\_\_\_

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.**

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)	_____
<b>TOTALS</b>	_____

**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.