FISCAL YEAR 2019 DISABLED VETERANS TAX EXEMPTION

The applicant will need to document:

SERVICE CONNECTED DISABLITY: Certification of a service connected disability or death from the U.S. Department of Veterans Affairs

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

<u>DOMICILE</u>: Applicant has occupied the property in Revere as of July 1, 2018. Veteran must also have been domiciled in Massachusetts for at least 6 consecutive months before entering military service or lived in Massachusetts for at least 5 consecutive years before the tax year begins.

HOW TO COMPLETE THE APPLICATION:

- 1: Fill out Sections A, B, and C
- 2: Attach disability letter from U.S Department of Veterans Affairs dated for current fiscal year
- 3: Attach all supporting documentation

CHECK LIST

ш	Disability letter from U.S Department of Veterans Affairs dated for current fiscal year
	DD 214(First Year only)
	Surviving spouse or parent of qualifying Veteran – Death certificate (first year only)
	Proof of occupancy of home in Revere as of July 1, 2018 (Voter registration, 2 utility bills,)
	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

State Tax Form 96-4	Assessors Use Only (GREEN)
The Commonwealth of Massachusetts	22 22A 22B 22C 22D 22E
OUTY OF DEVEDE	Date Received
CITY OF REVERE	Application # Parcel ID:
VETERAN	Ownership
VETERAN	Occupancy
EV COAC A DRIVE A TION FOR CTATUTORY EVENDTION	Occupancy
FY 2019 APPLICATION FOR STATUTORY EXEMPTION	Status
5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Income
General Laws Chapter 59, Section 5	Assets
	Granted
	Denied
	Deemed Denied
	Date Voted:
This application is not open to public inspection (GL Chapter the Board of Assessors on or before December 15 or 3 mo bills are mailed for Fiscal Year if later. Filing this form does n	onths after actual (not preliminary) tax 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? If yes, were youSole OwnerCo-Owner with Spouse	e onlyCo-Owner with others
Was the Property subject to a trust as of July 1, 2018? (If yes, attach trust instrument including all schedules.)	YesNo
Have you been granted any exemption in any other city or to If yes, name of City or TownB. EXEMPTION STATUS.	own for this year?YesNo Amount exempted \$
Please check the status that applies to you and answer the q	questions that follow
Veteran	
Veteran's Spouse Veteran's	Name
Veteran's surviving spouse/parent Deceased (If first year of application, attach copy of death certific	Veteran

B. EXEMPTIONS STATUS (continued).

Date enlisted/inducted:	Date discharged:
Type of discharge:(If first year of application, attach copy of disch	arge papers)
Military decorations or awards:	
Did the veteran live in Massachusetts at least 6 m. If no, list the places and dates where the vetera	
Address	Dates
B	
	H
Was the veteran killed during military service?	Yes No
If yes, date of death	
If yes, and you are surviving spouse, have you	remarried Yes No
Does the veteran have a war-service connected dis	sability? Yes No
	f disability and attach Veterans Administration
Certificate.	
Has the veteran acquired "specially adapted housing	ng"? Yes No
Is the veteran capable of working? Yes	_ No
Is the veteran a paraplegic Yes No	e .
C. SIGNATURE: sign here to complete the	e application.
This application has been prepared or examined by declare that to the best of my knowledge and bel correct and complete.	
Your Signature	Date

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