

# **FISCAL YEAR 2025 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, 2024

**DOMICILE:** Applicant has occupied the property in Revere as of July 1, 2024

## ➤ **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, 2024 (Voter registration or 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 2025 is April 1, 2025**



**CITY OF REVERE**

**BLIND**

**FY 2025 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.

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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, 2024: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Location of Property: \_\_\_\_\_

No. of Dwelling Units: \_\_\_\_\_

Did you own the property on July 1, 2024? \_\_\_\_\_ 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, 2024? \_\_\_\_\_ 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, 2024 \_\_\_\_\_ 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.