

## **FISCAL YEAR 2025 SENIOR TAX EXEMPTION – CLAUSE 41C ½**

Senior Tax Exemption Clause 41C ½ is purely “income based” and does not consider personal assets. To qualify, the applicant will need to document:

**AGE:** Applicant is at least 65 years of age as of July 1, 2024

**OWNERSHIP:** Applicant owns the property in Revere as of July 1, 2024 and has owned that property or another property in Massachusetts as a domicile for any 5 years

**DOMICILE:** Applicant has occupied the property in Revere as of July 1, 2024 and has been domiciled in Massachusetts for 10 consecutive years before July 1, 2024.

**INCOME:** Income of applicant was less than \$69,000 in **calendar year 2023**

### ➤ **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 Copies of Federal and State Income Tax Return (**2023**) (if applicable)
- 4: Attach Copies of all supporting documentation

### **CHECK LIST**

- A Copy of Birth certificate to show proof of age – 65 as of July 1, 2024 (**first time only**)
- Proof of property ownership as of July 1, 2024 (Assessing records or Deed)
- Proof of occupancy of home in Revere as of July 1, 2024 (Voter registration, 2 utility bills or 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 **2023**
- Trust documents and Affidavit of Trust if home is in a trust
- Completed Application

**Please provide copies of all documents, copies will not be made**

\*Income information for filing Fiscal Year 2025 is calendar year 2023

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**

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

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

**SENIOR 65 AND OLDER**

Parcel ID:

\_\_\_ Ownership

\_\_\_ Occupancy

**FY 2025 APPLICATION FOR STATUTORY EXEMPTION**

\_\_\_ Status

\_\_\_ Income

**General Laws Chapter 59, Section 5**

\_\_\_ Age

\_\_\_ 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: \_\_\_\_\_

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

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.**

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<br>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.