



City of Revere

BOARD OF ASSESSORS

Dana E. Brangiforte
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Mayor

FISCAL YEAR 2026 SENIOR/SURVIVING SPOUSE TAX EXEMPTION CLAUSE 17D

Senior/Surviving Spouse or Minor Tax Exemption Clause 17D is purely "Asset Based" and does not consider personal income. To qualify, the applicant will need to document:

AGE: Applicant is at least 70 years of age as of July 1, 2025.

*Birth certificate first year only.

OR

SURVIVING SPOUSE: Spouse deceased prior to July 1, 2025.

*Death certificate first year only.

OWNERSHIP: Surviving Spouse or Minor owns the property in Revere as of July 1, 2025.

Senior has owned the property in Revere for not less than five years.

*If in a trust provide trust documents and sign affidavit of trust.

DOMICILE: Surviving Spouse or Minor has occupied the property in Revere as of July 1, 2025.

Surviving spouse occupies the property in Revere for not less than five years.

*If have not answered the census provide 2 utility bills.

ASSETS: Assets of applicant are less than \$ 82,839

* Statement of all Asset: Examples: Savings, Checking, CD's, IRA, Money Market, Stocks, Bonds, Motor Vehicle, Other Real Estate and Personal Property, 2024 Tax Return.

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

Filing deadline for Fiscal Year 2026 is April 1, 2026

17D

Date Received _____

Application # _____

Parcel ID:

___ Ownership

___ Occupancy

___ Status

___ Income

___ Assets

___ Granted

___ Denied

___ Deemed Denied

Date Voted: _____

CITY OF REVERE

SENIOR 70 AND OLDER - SURVIVING SPOUSE

FY 2026 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.

INSTRUCTIONS: Complete all sections fully. (Please print or type.)

A: IDENTIFICATION.

Name of Applicant: _____

Marital Status: _____

Tel No.: _____

Legal Residence (Domicile) on July 1, 2025: _____

Mailing Address (if different): _____

Location of Property: _____

No. of Dwelling Units: _____

Did you own the property on July 1, 2025? ___ 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, 2025? ___ 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

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

Date