



Patrick M. Keefe, Jr.  
Mayor

*City of Revere*

**BOARD OF ASSESSORS**

Dana E. Brangiforte  
John J. Verrengia  
Mathew M. McGrath

**FISCAL YEAR 2026 DISABLED VETERANS TAX EXEMPTION**

The applicant will need to document and meet the following:

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

- \* Disability letter from U.S Department of Veterans Affairs dated for the current fiscal year.
- \* Surviving spouse or parent of qualifying Veteran – Death certificate (first year only).

**OWNERSHIP:** Applicant owns the property in Revere as of July 1, 2025.

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

**DOMICILE:** Applicant has occupied the property in Revere as of July 1, 2025. 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.

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

**DISCHARGE:** Applicant must provide DD 214 first year of applying.

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

**Filing deadline for Fiscal Year 2026 is April 1, 2026**

Assessors Use Only  
22 22A 22B 22C 22D 22E  
Date Received \_\_\_\_\_  
Application # \_\_\_\_\_  
Parcel ID: \_\_\_\_\_  
\_\_\_\_ Ownership  
\_\_\_\_ Occupancy  
\_\_\_\_ Status  
\_\_\_\_ Income  
\_\_\_\_ Assets  
\_\_\_\_ Granted  
\_\_\_\_ Denied  
\_\_\_\_ Deemed Denied  
Date Voted: \_\_\_\_\_

**CITY OF REVERE**

**VETERAN**

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

Social Security No. (optional): \_\_\_\_\_

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.**

Please check the status that applies to you and answer the questions that follow

\_\_\_\_ **Veteran**

\_\_\_\_ **Veteran's Spouse**

Veteran's Name \_\_\_\_\_

\_\_\_\_ **Veteran's surviving spouse/parent**

Deceased Veteran \_\_\_\_\_

(If first year of application, attach copy of death certificate)

**B. EXEMPTIONS STATUS (continued).**

Date enlisted/inducted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

(If first year of application, attach copy of discharge papers)

Military decorations or awards: \_\_\_\_\_

Did the veteran live in Massachusetts at least 6 months prior to entering the service \_\_\_ Yes \_\_\_ No  
If no, list the places and dates where the veteran was domiciled during the last 6 years

Address	Dates
_____	_____
_____	_____
_____	_____

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 disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, enter type of injury and percentage of disability and attach Veterans Administration Certificate.

\_\_\_\_\_

Has the veteran acquired "specially adapted housing"? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the veteran capable of working? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the veteran a paraplegic \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_  
Date