



City of Revere

BOARD OF ASSESSORS

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

Patrick M. Keefe, Jr.
Mayor

FISCAL YEAR 2026 LEGALLY BLIND PERSONS TAX EXEMPTION

The applicant will need to document:

PROOF OF LEGAL BLINDNESS: Current certificate of legal blindness from the Massachusetts Commission for the Blind

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 occupied the property in Revere as of July 1, 2025
*If did not answer census provide two utility bills.

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

Filing deadline for Fiscal Year 2026 is April 1, 2026

37A

Date Received _____

Application # _____

Parcel ID:

____ Ownership

____ Occupancy

____ Status

____ Granted

____ Denied

____ Deemed Denied

Date Voted: _____

CITY OF REVERE

BLIND

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? _____

If yes, name of City or Town _____ Amount exempted \$ _____

B. EXEMPTION STATUS.

Were you legally blind as of July 1, 2025 _____

____ Yes _____ No

Are you registered with the Massachusetts Commission for the Blind? _____

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.