



City of Revere

Patrick M. Keefe, Jr.
Mayor

BOARD OF ASSESSORS

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

FISCAL YEAR 2026 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 submit a completed application and document:

AGE: Applicant is at least 65 years of age as of July 1, 2025.

*Provide copy of Birth Certificate first time only.

OWNERSHIP: Applicant owns the property in Revere as of July 1, 2025 and has owned that property or another property in Massachusetts as a domicile for any 5 years.

*If ownership is in a trust provide full trust documents first time only. (sign affidavit of trust)

DOMICILE: Applicant occupied the property in Revere as of July 1, 2025 and has been domiciled in Massachusetts for 10 consecutive years before July 1, 2025.

*If you have not answered the census provide 2 separate utility bills or tax return.

INCOME: Income of applicant was less than \$72,000 in **calendar year 2024**.

*Provide copy of State and/or Federal Income tax return from calendar year 2024. If married also provide all backup documents to separate out income for each spouse.

*If applicant does not file taxes please document all sources of income such as social security, rents, pensions, IRA distributions etc.

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

*Income information for filing Fiscal Year 2026 application is calendar year 2024

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

Filing deadline for Fiscal Year 2026 is April 1, 2026

CITY OF REVERE

SENIOR 65 AND OLDER

FY 2026 APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

Date Received _____

Application # _____

Parcel ID:

____ Ownership

____ Occupancy

____ Status

____ Income

____ 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.

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

A: IDENTIFICATION.

Name of Applicant: _____ Marital Status: _____

Telephone Number: _____

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.

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 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)	_____
TOTALS	_____

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.