City of Revere

Patrick M. Keefe, Jr.
Mayor

BOARD OF ASSESSORS
Dana E. Brangiforte
John J. Verrengia
Mathew M. McGrath

FISCAL YEAR 2027 DISABLED VETERANS TAX EXEMPTION

The applicant will need to document and meet the following:

SERVICE CONNECTED DISABLITY: 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, 2026.

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

DOMICILE: Applicant has occupied the property in Revere as of July 1, 2026. 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 2027 is April 1, 2027

State Tax Form 96-4
The Commonwealth of Massachusetts

CITY OF REVERE

VETERAN

FY 2027 APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

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:_____

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, 2026: _____

Mailing Address (if different): _____

Location of Property: _____ No. of Dwelling Units: _____

Did you own the property on July 1, 2026? ____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, 2026? ____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 Date

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