City of Revere

Patrick M. Keefe, Jr.
Mayor

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

FISCAL YEAR 2027 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, 2026
*If in a trust provide trust documents and sign affidavit of trust.

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

State Tax Form 96-3
The Commonwealth of Massachusetts

CITY OF REVERE

BLIND

FY 2027 APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

Assessors Use Only
37A
Date Received_____
Application #_____
Parcel ID:
____Ownership
____Occupancy
____Status
____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.

Were you legally blind as of July 1, 2026 _____Yes _____No
Are you registered with the Massachusetts Commission for the Blind? ____Yes ____No
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.