

ASSESSORS USE ONLY					
22	22A	22B	22C	22D	22E
DATE RECEIVED _____					
APPLICATION NO. _____					
PARCEL ID. _____					

THE COMMONWEALTH OF MASSACHUSETTS

NAME OF CITY OR TOWN _____

VETERAN

FY__ APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN
TO PUBLIC INSPECTION
(See General Laws Chapter 59, Section 60.)

Must be filed with Board of Assessors on or
before December 15 or 3 months
after actual (*not* preliminary) tax bills
are mailed for fiscal year if later.

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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, _____
 Mailing Address (If different) _____
 Location of Property _____ No. of Dwelling Units _____
 Did you own the property on July 1, ____? 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, ____? 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 \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

<input type="checkbox"/> Ownership	<input type="checkbox"/> GRANTED	Assessed Tax _____
<input type="checkbox"/> Occupancy	<input type="checkbox"/> DENIED	Exempted Tax _____
<input type="checkbox"/> Status	<input type="checkbox"/> DEEMED DENIED	Adjusted Tax _____

BOARD OF ASSESSORS

Date Voted/ Deemed Denied _____
 Certificate No. _____
 Date Cert./ Notice Sent _____
 Exemption: Clause _____ Date _____

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES.
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE.

B. EXEMPTION STATUS. Check the status that applies to you and complete the questions that follow.

VETERAN

VETERAN'S SPOUSE Veteran's Name _____

VETERAN'S SURVIVING
SPOUSE/PARENT Deceased Veteran's Name _____

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

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, and first year of application, attach Veterans Administration Certificate of Disability.

If yes and exemption granted previously, attach certificate only if disability rating is 100% or has changed.

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 and statements are true, correct and complete.

Your signature

Date

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