The Commonwealth of Massachusetts

22

Assessors' Use only

Date Received

Application No.

Parcel Id.

Name of City or Town

## VETERAN FISCAL YEAR \_\_\_\_\_ APPLICATION FOR STATUTORY EXEMPTION General Laws Chapter 59, § 5

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

> **Return to: Board of Assessors** Must be filed with assessors on or before April 1, or 3 months after actual (**not** preliminary) tax bills are mailed for fiscal year if later.

**INSTRUCTIONS:** Complete the following. Please print or type.

## A. IDENTIFICATION. Complete this section fully.

Name of Applicant					
Telephone Number			Marital Status		
Legal Residence (Domicile) on July 1,			Mailing Address (If different)		
No. Street Location of Property:	City/Town	Zip Code	No. of Dwelling Units: $1 \ 2 \ 3 \ 4 \ 0$ Other —		
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 🗌 <i>If yes, please attach trust instrument including all schedules.</i>					
Have you been granted any exemption in any other city or town (MA or other) for this year? Yes  No    If yes, name of city or town					

## DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership	GRANTED	Assessed Tax \$			
Occupancy	DENIED	Exempted Tax \$			
Status	DEEMED DENIED	Adjusted Tax \$			
			Board of Assessors		
Date Voted/Deemed Denied					
Certificate No.					
Date Cert./Notice Sent					
Exemption: Clause		Date:			
EILING THUS FORM DOES NOT STAN THE COLLECTION OF VOLD TAYES					

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			
	Was the property the veteran's domicile as of July 1,?			
	Yes No			
	If no, where does the veteran reside?			
UETERAN'S/SERVICEMEMBER'S/ NATIONAL GUARD MEMBER'S SURVIVING SPOUSE or	Deceased Veteran's/Servicemember's/National Guard member's Name			
SERVICEMEMBER'S SURVIVING PARENT	If first year of application, attach copy of death certificate.			
	If you are surviving spouse, have you remarried? Yes 🗌 No 🗌			
Date Enlisted/Inducted	Date Discharged			
Type of Discharge	If first year of application, attach copy of discharge papers.			
Military Decorations or Awards				
	n Massachusetts for at least 6 months before entering the service? r member lived during the last 6 years or if deceased, the 6 years before			
Address	Dates			
Continue list on attachment in same format as necessary.				
	cation, (1) attach documentation from U.S. Dept. of Veterans Affairs, urviving spouse has lived during the last 6 years (2 years if local option			
Is the servicemember or national guard member missir	ng in action and presumed dead? Yes No			
Ũ	ber's or national guard member's death due to an active duty injury			
<i>If yes to next question and first year of application, attach Coservice.</i>	ertificate of Disability from U.S. Dept. of Veterans Affairs or branch of			
Does the veteran have a 100% disability rating for serve	ice-connected blindness? Yes No			
If yes to any of the next 3 questions and If first year of application, attach Certificate of Disability If exemption granted previously, attach certificate only a	y from U.S. Dept. of Veterans Affairs or branch of service. if disability rating is 100% or has changed.			
Does the veteran have a service-connected disability?	Yes No			
Has the veteran acquired "specially adapted housing?"	Yes No			
Is the veteran a paraplegic? Yes 🗌 No 🗌				
GO ON TO SECTION C				
<b>C. SIGNATURE.</b> Sign here to complete the application.				

**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, this return and all accompanying documents and statements are true, correct and complete.

Signature

Date

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

## TAXPAYER INFORMATION ABOUT PERSONAL EXEMPTIONS

**PERSONAL EXEMPTIONS.** You may be eligible to reduce all or a portion of the taxes assessed on your domicile if you meet the qualifications for one of the personal exemptions allowed under Massachusetts law. Qualifications vary, but generally relate to age, ownership, residency, disability, income or assets.

You may be eligible for an exemption if you fall into any of these categories:

- Legally blind person
- Veteran with a service-connected disability
- Surviving spouse of servicemember, national guard member or veteran who died from active duty injury or illness
- Surviving spouse
- Minor child of a deceased parent
- Senior citizen age 70 and older (65 and older by local option)

More detailed information about the qualifications for each exemption may be obtained from your board of assessors.

**WHO MAY FILE AN APPLICATION.** You may file an application if you meet all qualifications for a personal exemption as of July 1. You may also apply if you are the personal representative of the estate, or trustee under the will, of a person who qualified for a personal exemption on July 1.

WHEN AND WHERE APPLICATION MUST BE FILED. Your application must be filed with the assessors on or before April 1, or 3 months after the actual bills were mailed for the fiscal year, whichever is later. An application is filed when (1) received by the assessors on or before the filing deadline, or (2) mailed by United States mail, first class postage prepaid, to the proper address of the assessors, on or before the filing deadline, as shown by a postmark made by the United States Postal Service. THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, YOU LOSE ALL RIGHTS TO AN EXEMPTION AND THE ASSESSORS CANNOT BY LAW GRANT YOU ONE.

**PAYMENT OF TAX.** Filing an application does not stay the collection of your taxes. In some cases, you must pay all preliminary and actual installments of the tax when due to appeal the assessors' disposition of your application. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. If an exemption is granted and you have already paid the entire year's tax as exempted, you will receive a refund of any overpayment.

**ASSESSORS DISPOSITION.** Upon applying for an exemption, you may be required to provide the assessors with further information and supporting documentation to establish your eligibility. The assessors have 3 months from the date your application is filed to act on it unless you agree in writing before that period expires to extend it for a specific time. If the assessors do not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether an exemption has been granted or denied.

**APPEAL.** You may appeal the disposition of your application to the Appellate Tax Board, or if applicable, the County Commissioners. The appeal must be filed within 3 months of the date the assessors acted on your application, or the date your application was deemed denied, whichever is applicable. The disposition notice will provide you with further information about the appeal procedure and deadline.