

Town of Natick
Fiscal Year 2008

Assessor Use Only
MGL Ch 59 § 5 Veteran
Date Received:

VETERAN
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 the Board of Assessors on or before December 15, or 3 months after the actual (not preliminary) tax bills are mailed for the fiscal year if later.

INSTRUCTIONS. Complete all sections fully. Please print or type.

A. IDENTIFICATION.

Name of Applicant

Marital Status Social Security No. (optional)

Legal Residence (Domicile) on July 1, 2007?

Mailing Address (If different) Tel No.

Did you own the property July 1, 2007?

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, 2007? (If yes, attach Trust Instrument)

Have you been granted an exemption in any other city or town this year?

If yes, name of City or Town Amount Exempted \$

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)
Ownership GRANTED Assessed Tax Exempted Tax Adjusted Tax
Occupancy DENIED
Status DEEMED DENIED
Date
Board of Assessors

B. EXEMPTION STATUS

Name of Applicant _____ If not the Veteran, your relationship _____

Veteran's Name _____ Date Enlisted/Inducted _____

Date Discharged _____ Type of Discharge _____

Did the Veteran live in Massachusetts at least six months prior to entering the service? _____

If no, list the places and dates where the Veteran was domiciled during the last six years.

Address

Dates

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please list any medals or decorations that entitle the Veteran to this exemption:

Medal/Decoration

Date

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Was the Veteran killed during military service? _____ If yes, Date _____

Does the Veteran have a war service connected disability? _____ If yes and this is your first application in Natick, or you are 100% disabled or your status has changed attach Veterans Administration Certificate of Disability.

Has the Veteran acquired specially adapted housing? _____

Is the Veteran capable of working? _____

Is the veteran a paraplegic? _____

C. SIGNATURE

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

| | |
|-----------|-------|
| _____ | _____ |
| Signature | Date |

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