

THE COMMONWEALTH OF MASSACHUSETTS
MAYNARD, MA

ASSESSORS USE ONLY	
37	22
DATE RECEIVED	
APPLICATION NO.	
PARCEL ID.	

BLIND - VETERAN
FY _____ APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

Assessors affix label here

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.

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, _____¹ _____

Mailing Address (If different) _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, _____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, _____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)

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 _____

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

1. Enter the beginning of the Fiscal Year for which you are applying (i.e. enter 2004 for FY2005 that starts July 1, 2004 and ends June 30, 2005)

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

BLIND PERSON

Were you legally blind as of July 1, ____²? 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 indication status as of July first.

GO ON TO SECTION C.

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% of 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 compete the application.

This application has been prepared or examined by me. Under the pains of penalties or 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.

2. See note one on page one.