

Town of Natick
Fiscal Year 2003

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, 2002

Mailing Address (If different) Tel No.

Did you own the property July 1, 2002?

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, 2002 (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

_____	_____
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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.