

Town of Natick  
Fiscal Year 20\_\_

Assessor Use Only MGL Ch 59 § 5 Veteran Date Received:
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### 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 April 1st, for each fiscal year.**

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

**A. IDENTIFICATION.**

Name of Applicant \_\_\_\_\_

Marital Status \_\_\_\_\_

Legal Residence (Domicile) on July 1, 20\_\_? \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_ Tel No. \_\_\_\_\_

Did you own the property July 1, 20\_\_? \_\_\_\_\_

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, 20\_\_? \_\_\_\_\_ (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	_____
_____ Occupancy	_____ DENIED	Exempted Tax	_____
_____ Status	_____ DEEMED DENIED	Adjusted Tax	_____
	Date _____		_____
			_____
			Board of Assessors

**Filing this form does not stay the collection of your taxes.**

**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.