

Town of Nahant

Fiscal Year 20_____

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 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) _____

Legal Residence (Domicile) on July 1, 20_____

Mailing Address (If different) _____ Tel. No. _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, 20__? 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, 20__-06-14? Yes ☐ No ☐

If yes, attach trust document 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 _____

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES.

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

OVER

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

☐ 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 is 100% or 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 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, 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.