

**TOWN OF LEICESTER**

NAME OF CITY OR TOWN

Fiscal Year **2004**

| ASSESSORS USE ONLY |     |     |     |     |     |
|--------------------|-----|-----|-----|-----|-----|
| 22                 | 22A | 22B | 22C | 22D | 22E |
| Date Received      |     |     |     |     |     |
| Application No.    |     |     |     |     |     |
| Parcel ID          |     |     |     |     |     |

**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, \_\_\_\_\_

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

Location of Property \_\_\_\_\_ No. of Dwelling Units \_\_\_\_\_

Did you own the property on July 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, \_\_\_\_\_? 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 _____        |
|                 | Date Voted /Deemed Denied _____ | <b>BOARD OF ASSESSORS</b> |
|                 | Certificate No. _____           | _____                     |
|                 | Date Cert./Notice Sent _____    | _____                     |
|                 | Exemption : Clause _____        | _____                     |
|                 |                                 | Date _____                |

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

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.