

Date Received

Application #

Parcel ID

THE COMMONWEALTH OF MASSACHUSETTS
HOLLISTONVETERAN
FY 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.

Complete all sections fully. (Please print or type.)

A. Identification

Name of Applicant _____

Social Security No. _____ Marital Status _____

Legal Residence (domicile) on July 1 _____

Mailing address (if different) _____

Location of Property _____

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

____ Occupancy

____ Status

____ GRANTED

____ DENIED

____ DEEMED DENIED

Assessed Tax _____

Exempted Tax _____

Adjusted Tax _____

BOARD OF ASSESSORS

Date Voted/Deemed Denied _____

Certificate No. _____

Date Cert./Notice sent _____

Exemption: Clause _____

Date _____

_____ Veteran
 _____ Veteran's Spouse
 _____ Veteran's Surviving Spouse /Parent
 _____ Veteran's Name
 _____ 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% 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

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.

If signed by agent, attach copy of written authorization to sign on behalf of the taxpayer.