

22
ASSESSORS USE ONLY
Date Received _____
Application No. _____
Parcel ID. _____

CITY OF LOWELL

VETERAN

FISCAL YEAR 2016 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)

Return to: Board of Assessors
Must be filed with assessors on or before December 15
or 3 months after actual (**not** preliminary) tax bills are
mailed for fiscal year if later.

INSTRUCTIONS: Complete the following. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant: _____ Marital Status: _____

Social Security No. _____ (optional) Phone No: _____

Legal Residence (Domicile) on July 1, 2015 _____
No. Street City State Zip

Mailing Address (if different) _____
No. Street City State Zip

Location of Property _____ No. of Dwelling Unit 1 2 3 4 Other _____

Did you own the property on July 1, 2015? Yes No 5

If yes, were you: Sole Owner Co-Owner with Spouse Only Co-Owners with Others

Was the property subject to a trust as of July 1, 2015? 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 \$ _____

Income

Assets

BOARD OF ASSESSORS

Date Voted/Deemed Denied _____

Certificate No. _____

Date Cert./Notice Sent _____

Exemption: Clause _____

Date _____

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.
If you are surviving spouse, have you remarried? Yes No

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 before entering the service? Yes No

If no, list places and dates where the veteran was domiciled during the last 6 years. (2 years if local option adopted - See Assessors)

Address	Dates
_____	_____
_____	_____
_____	_____

Was the veteran killed during military service? Yes No *If yes, date of death* _____

Does the veteran have a service connected disability? Yes No
If yes, and the first year of application, attach Certificate of Disability from U.S. Dept. of Veterans Affairs or branch of service.
If yes, and exemption granted previously, attach certificate only if disability rating is 100% or has changed.

Has the veteran acquired "special adapted housing?" Yes No

Is the veteran currently working? Yes No *If no, when did veteran last work?* _____

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, this return and all accompanying documents and statements are true, correct and complete.

Signature Date

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

ge