

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

<input type="checkbox"/> VETERAN	<input type="checkbox"/> VETERAN'S SPOUSE	Veteran's Name: _____	
<input type="checkbox"/> VETERAN'S SURVIVING SPOUSE/PARENT		Deceased Veteran's Name: _____	
		<i>If first year of application, attach copy of death certificate.</i>	
		<i>If you are surviving spouse, have you remarried?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Enlisted/Inducted _____		Date Discharged _____	
Type of Discharge _____		<i>If first year of application, attach copy of discharge papers.</i>	
Military Decorations or Awards _____			
Did the veteran live in Massachusetts at least 6 months before entering the service? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If no, list places and dates where the veteran was domiciled during the last 6 years. (2 years if local option adopted - See Assessors)</i>			
Address		Dates	
_____		_____	
_____		_____	
_____		_____	
Was the veteran killed during military service? Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>If yes, date of death</i> _____	
Does the veteran have a service connected disability? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, and the first year of application, attach Certificate of Disability from U.S. Dept. of Veterans Affairs or branch of service.</i>			
<i>If yes, and exemption granted previously, attach certificate only if disability rating is 100% or has changed.</i>			
Has the veteran acquired "special adapted housing?" Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the veteran currently working? Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>If no, when did veteran last work?</i> _____	
Is the veteran a paraplegic? Yes <input type="checkbox"/> No <input type="checkbox"/>			

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.