

CANTON  
**FISCAL YEAR 20\_\_**  
VETERAN  
CHAPTER 59, SECTION 5, CLAUSE 22

APPLICATION FOR STATUTORY EXEMPTION

MUST BE FILED WITH BOARD OF ASSESSORS ON OR BEFORE DECEMBER 15 OR 3 MONTHS AFTER  
ACTUAL (NOT PRELIMINARY) TAX BILLS ARE MAILED.

A. (COMPLETE THIS APPLICATION FULLY)

VETERANS NAME \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DOMICILE AND LOCATION OF PROPERTY AS OF July 1<sup>st</sup> \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_ TEL.NO \_\_\_\_\_

DID YOU OWN PROPERTY AS OF July 1st? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WERE YOU  
SOLE OWNER \_\_\_\_\_ CO-OWNER W/ SPOUSE ONLY \_\_\_\_\_ CO-OWNER W/ OTHERS \_\_\_\_\_

WAS THE PROPERTY SUBJECT TO A TRUST AS OF July 1st? YES \_\_\_\_\_ NO \_\_\_\_\_ (IF FIRST TIME APPLYING, PLEASE  
ATTACH COPY OF TRUST INCLUDING ALL SCHEDULES.)

DOES THE VETERAN HAVE A WAR-SERVICE CONNECTED DISABILITY? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A SURVIVING SPOUSE/PARENT OF A QUALIFIED DECEASED VETERAN? YES \_\_\_\_\_  
DATE OF DEATH \_\_\_\_\_ (IF FIRST YEAR OF APPLICATION, ATTACH COPY OF DEATH  
CERTIFICATE.) IF YOU ARE THE SURVIVING SPOUSE, HAVE YOU REMARRIED? YES \_\_\_\_\_ NO \_\_\_\_\_

**\*\*VETERAN'S STATUS\*\***

DATE ENLISTED: \_\_\_\_\_ DATE DISCHARGED \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_

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 veteran was domiciled during the last 6 years.

ADDRESS \_\_\_\_\_ DATES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All first time applicants, please attach your certificate of eligibility. All 100% applicants must attach their certificate of eligibility from the VA, dated July 1, and the statement of employment.**

HAS THE VETERAN ACQUIRED "specially adapted housing"? YES \_\_\_\_\_ NO \_\_\_\_\_

IS THE VETERAN CAPABLE OF WORKING? YES \_\_\_\_\_ NO \_\_\_\_\_

IS THE VETERAN A PARAPLEGIC? YES \_\_\_\_\_ NO \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BOARD OF ASSESSORS

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**\* We request that this form be returned to the Assessors' office ASAP.**