

THE COMMONWEALTH OF MASSACHUSETTS

# FY2016 WELLESLEY APPLICATION FOR VETERAN STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

ASSESSORS USE ONLY

Clause **22**

Date Received:

Other Exemptions: \$

Bill #:

Parcel ID:

Must be filed with Board of Assesors on or before December 15 or three months after actual (not preliminary) tax bills are mailed for fiscal year, if later

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION (see General Laws Chapter 59, Section 60)

**Wellesley**

**MA**

## INSTRUCTIONS:

**Please review and make any corrections to this form as soon as possible.  
Fill in all shaded areas and verify their accuracy.  
Sign on reverse.**

If you are a veteran claiming exemption under Clause 22E, your yearly Veterans Administration certificate must also be submitted. All new applications must be submitted with a Certificate of Eligibility.

If you are unable to return this form now, remember that it must be filed with the Board of Assessors within three months of the date of mailing of the actual real estate tax bill. The Assessors anticipate mailing the actual fiscal year 2016 real estate tax bills sometime in December 2015.

## A. IDENTIFICATION.

Name of Applicant:

Social Security No.:  **xxx-xx-**

Telephone No.:

Legal Residence (domicile) on July 1:

Mailing Address (if different) :

Location of property:

Did you own the property on July 1:  **Yes**

If yes, were you

Sole Owner?  **No** Co-owner Spouse?  **No** Co-owner with others?  **No**

Was the property subject to a trust as of July 1?  **No**

(If yes, attach trust instrument including all schedules)

Have you been granted any exemption in any other city or town for this year?  **No**

If yes, name of city or town:  Amount exempted:

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

VETERAN:  **Yes**

VETERAN'S SPOUSE:  **No** VETERAN'S NAME: \_\_\_\_\_

VETERAN'S SURVIVING SPOUSE OR PARENT:  **No** DECEASED VETERAN'S NAME: \_\_\_\_\_

Date enlisted / inducted: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ (If first year of application, attach copy of papers)

Military decorations or awards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the veteran live in Massachusetts at least 6 months prior to entering the service?  **No**

If no, list the places and dates where the veteran was domiciled the last six years.

Address	Dates
_____	_____
_____	_____

Was the veteran killed during military service?  **No**

If yes, date of death: \_\_\_\_\_

If yes, and you are surviving spouse, have you remarried?  **No**

Does the veteran have a service connected disability?  **No** Type of disability: \_\_\_\_\_

If yes, and this is the first year of application, attach Veterans Administration Certificate of Disability.

If yes and an exemption was previously granted, attach certificate only if disability rating is 100% or has changed.

Has the veteran acquired "specially adapted housing"?  **No**

Is the veteran capable of working?

Is the veteran paraplegic?  **No**

**C. SIGNATURE. Sign here to complete the application.**

This application has been prepared or examined by me. Under 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 taxpayers.