

COMMONWEALTH OF MASSACHUSETTS

# FY2026 WELLESLEY APPLICATION FOR VETERAN STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

ASSESSORS USE ONLY

Clause

Date Received:

Other Exemptions: \$

Bill #:

Parcel ID:

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

**Please review and make any corrections to this form and sign on reverse.  
Attach a current Certificate of Eligibility from the Dept. of Veterans Affairs.  
Applications must be received by April 1, 2026.**

**A. IDENTIFICATION.**

Name of Applicant: [REDACTED]

Social Security No.: [REDACTED]

Telephone No.: [REDACTED]

Legal Residence (domicile) on July 1: [REDACTED]

Mailing Address (if different): [REDACTED]

Location of property: [REDACTED]

Did you own the property on July 1: [REDACTED]

If yes, were you

Sole Owner? [REDACTED]

Co-owner Spouse? [REDACTED]

Co-owner with others? [REDACTED]

Was the property subject to a trust as of July 1? [REDACTED]

(If yes, attach trust instrument including all schedules)

Have you been granted any exemption in any other city or town for this year? [REDACTED]

If yes, name of city or town: [REDACTED]

Amount exempted: [REDACTED]

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

VETERAN: [REDACTED]

VETERAN'S SPOUSE: [REDACTED]

VETERAN'S NAME: [REDACTED]

VETERAN'S SURVIVING

DECEASED VETERAN'S NAME: [REDACTED]

SPOUSE OR PARENT:

Date enlisted / inducted: [REDACTED]

Date Discharged: [REDACTED]

Type of discharge: [REDACTED]

(If first year of application, attach copy of papers)

Military decorations or awards:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Did the veteran live in Massachusetts at least 6 months prior to entering the service? [REDACTED]

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

Address  
[REDACTED]  
[REDACTED]

Dates  
[REDACTED]  
[REDACTED]

Was the veteran killed during military service? [REDACTED]

If yes, date of death: [REDACTED]

If yes, and you are surviving spouse, have you remarried? [REDACTED]

Does the veteran have a service connected disability? [REDACTED]

Type of disability: [REDACTED]

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"? [REDACTED]

Is the veteran capable of working? [REDACTED]

Is the veteran paraplegic? [REDACTED]

**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.