

COMMONWEALTH OF MASSACHUSETTS

YARMOUTH
FISCAL YEAR 2024

APPLICATION FOR DISABLED VETERAN'S
EXEMPTION - Clauses 22,22A,22C,22D,22E,22F

General Laws Chapter 59, Section 5

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

Must be filed with Board of Assessors on or before April 1, 2024

Name of Applicant: _____ MBLU: _____

Mailing address: _____

Property Location: _____ Marital Status: _____

Telephone # _____ E-Mail: _____

Did you own and occupy the above property as your domicile on July 1, 2023? YES NO

Was the property subject to a trust as of July 1, 2023? YES NO

**If yes, attach trust including schedule of beneficiaries (if not already on file with assessors).*

EXEMPTION STATUS: VETERAN VETERAN'S SPOUSE (check one)

VETERANS NAME: _____

Date Enlisted _____ Date Discharged _____ Type of Discharge _____

Medals/Citations: _____

PLEASE CONTINUE ON BACK PAGE

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership _____ Granted _____ Assessed Tax _____
Occupancy _____ Denied _____ Exempt Tax _____
Status _____ Deemed Denied _____ Adjusted Tax _____

Certificate No. _____ Board of Assessors _____

Date Mailed _____

Did the veteran/servicemember/national guard member live in Massachusetts for at least 6 months before entering the service? YES NO

If no, did the veteran reside in Massachusetts for at least one year prior to July 1, 2023? YES NO

Does the veteran have a service-connected disability? YES NO

If yes and you are a first-time applicant, please attach Dept. of Veteran's Affairs summary of benefits letter or other proofs.

Has the servicemember suffered the loss or permanent loss of use of one (1) hand, foot or eye as a proximate result of his/her service-connected disability? YES NO

Has the veteran acquired specially adapted-housing? YES NO

If yes, please describe _____

Is the veteran a paraplegic? YES NO

Was the servicemember killed or presumed dead in a combat zone OR was his/her death a proximate result of injuries sustained or diseases contracted in a combat zone? YES NO

If yes, date of death? _____ (please provide death certificate)

SIGNATURE. Sign here to complete the application.

This application has been prepared and 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 authorizat on to sign on behalf of taxpayer.