

COMMONWEALTH OF MASSACHUSETTS

YARMOUTH  
FISCAL YEAR \_\_\_\_\_

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

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, ? YES NO

Was the property subject to a trust as of July 1, ? 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**

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**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, 2021? 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

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**If signed by agent, attach copy of written authorizat on to sign on behalf of taxpayer.**