

FY'07
The Commonwealth of Massachusetts
Southborough

APPLICATION FOR VETERANS

Must file with the Board of Assessors no later than March 31

Name of Applicant: _____

Location of Real Estate: _____

Mailing Address (if different) _____

Telephone #: _____ Marital Status: _____ Social Security #: _____

List legal domicile as of **July 1, 2006**: _____

Did you own property as: Sole Owner: _____ Co-Owner with spouse: _____ Co-Owner with others: _____

Was the property subject to a Trust as of **July 1, 2006**: yes ___ no ___

Have you received any exemptions in any other city or town for **FY'07**: yes ___ no ___

VETERAN'S NAME: _____

CHECK ONE:

___ VETERAN ___ VETERAN'S SURVIVING SPOUSE ___ VETERAN'S PARENT ___

Date Enlisted: _____ Date Discharged: _____ Type of Discharge: _____

Military Decorations or Awards: _____

Did the Veteran live in Mass. At least 6 months prior to entering the service? ___Yes ___No

If no, list the placed and dates where domiciled during the last 6 years.

Address Dates

Was the veteran killed during military service? ___Yes ___No

If yes, date of death: _____ If yes, and you are surviving spouse, have you remarried? ___Yes ___No

Does the veteran have a war-service connected disability? ___Yes ___No

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

If yes and exemption is granted previously, attach certificate only if disability rating is changed.

Has the veteran acquired specially adapted housing? ___Yes ___No

Is the veteran capable of working? ___Yes ___No

Is the veteran a paraplegic? ___Yes ___No

APPLICATION FOR EXEMPTION FOR FISCAL YEAR ENDING JUNE 30, 2007

Tax Bill #: _____ **Tax Assessed: \$** _____

I subscribed this day: _____ **of** _____, **200** **under the penalties of perjury.**

Signature of Applicant: _____

BOARD OF ASSESSORS USE ONLY

Exemption Approved: \$ _____ **Date Approved:** _____ **Certificate #:** _____

Exemption Denied: _____

Board of Assessors: _____
