



2016

VETERAN APPLICATION

MUST BE FILED ON OR BEFORE DECEMBER 15TH OR THREE MONTHS FROM THE MAILING OF THE ACTUAL (NOT PRELIMINARY) TAX BILL. THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

A

IDENTIFICATION

- 1. Name of Record Owner
2. Applicant Name
3. Mailing Address
4. Street address of property upon which exemption is claimed
5. Street/Parcel
6. Telephone
7. Date of Birth
8. Social Security No.
9. Marital Status

B

STATUS

- 10. Indicate Status: Check classification under which you are claiming exemption. (See definition on reverse side).
CLAUSE 22 - \$2,000 of valuation or \$400 of actual taxes due, whichever is greater.
(a) Veterans with certificate from Veterans Affairs Administration showing at least 10% disability from any branch of the armed forces.
(b) Veterans of Spanish War, Philippine and Chinese Expeditions showing discharge "other than dishonorable".
(c) Veterans having the Purple Heart.
(d) Spouses of soldiers or sailors entitled to exemption under this clause and surviving spouses of soldiers and sailors described in clause and clauses 22A, 22B, and 22C and 22E who were eligible at the time of their death or who lost their lives as a result of service, so long as they remain unmarried.
(e) Parents of a soldier or sailor who died in service, including adopting parent or those who stood in loco parents.
(f) Surviving spouses of World War I Veterans maximum equity \$20,000.
CLAUSE 22A - \$4,000 of valuation or \$750 of actual taxes due, whichever is greater.
If the property is greater than a single family home, only the fraction of the \$750 which corresponds to the segment occupied by the veteran is allowed.
(a) Veterans who have lost or have suffered permanent loss of use of one foot at or above the ankle, or lost or have suffered the permanent loss of use of one hand at or above the wrist, or one hand and one foot, or have lost sight of one eye.
(b) Congressional Medal of Honor, the Distinguished Service Cross, Navy Cross or Air Force Cross.
CLAUSE 22B - \$8,000 of valuation or \$1,250 of actual taxes due, whichever is greater.
If the property is greater than a single family home, only the fraction of the \$1,250 which corresponds to the segment occupied by the veteran is allowed.
Veterans (and spouses) who have lost or have suffered permanent loss of use of both feet at or above the ankle, or lost or have suffered the permanent loss of use of both hands at or above the wrist, or one hand and one foot, or the loss of sight of both eyes.
CLAUSE 22C - \$10,000 of valuation or \$1,500 of actual taxes due, whichever is greater.
If the property is greater than a single family home, only the fraction of the \$1,500 which corresponds to the segment occupied by the veteran is allowed.
Veterans (or their surviving spouses) who (1) suffered total disability in service related incident and (2) who received assistance in acquiring "specially adapted housing" which they own and occupy as their domicile.
CLAUSE 22D - FULL Exemption
Surviving spouses (who do not remarry) of soldiers, sailors or guardsman who died due to injury or disease from combat, or are missing and presumed dead due to combat.
CLAUSE 22E - \$6,000 of valuation or \$1,000 of actual taxes due, whichever is greater.
If the property is greater than a single family home, only the fraction of the \$1,000 which corresponds to the segment occupied by the veteran is allowed.
Veterans (or surviving spouse) with yearly certificate from the Veterans' Administration indicating 100% disability in service related incident and are incapable of working.
PARAPLEGICS - TOTAL EXEMPTION (Ch. 58 s8)
(a) Paraplegics (paralysis of lower half of body on both sides).
(b) Surviving spouse of paraplegic entitled to total exemption.

PLEASE CONTINUE ON BACK FOR RESIDENCY AND OWNERSHIP REQUIREMENTS

FOR ASSESSORS USE ONLY

Approved
Denied / Reason
Signature
Date

Assessed Value
Exclusion
Asset Overage

<h1 style="font-size: 48px; margin: 0;">C</h1> <p style="margin: 5px 0;">ELIGIBILITY INFORMATION</p>	11	<p>Did you own and occupy the above property as your principal residence as of July 1<sup>st</sup>?  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Veterans must have been domiciled in Massachusetts either 6 months prior to induction in service OR for 5 consecutive years before filing this application and must be domiciled in the property on July 1 in the year to which the tax relates.</p>											
	12	<p>Did you live in Mass. for six months prior to entering the service?</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 2px;">Circle One</th> </tr> <tr> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> <tr> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> <tr> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> <tr> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> </table>	Circle One		YES	NO	YES	NO	YES	NO	YES	NO
	Circle One												
	YES	NO											
	YES	NO											
	YES	NO											
	YES	NO											
13	<p>Did you live in Mass. for 5 consecutive years before filing?</p>												
14	<p>Did you own &amp; occupy the property as your domicile as of July 1?</p>												
15	<p>Is the property larger than a single family unit?</p> <p style="text-align: right;">If yes, Unit Count _____</p>												
16	<p>Date entered Service: _____</p>	<p>17. Disability Rating _____</p>											
18	<p>Branch of Service: _____</p>	<p>19. Certificate Number _____</p>											
20	<p>Date of Discharge: _____</p>												

**FIRST TIME FILERS MUST ATTACH A COPY OF VETERANS ADMINISTRATION DISABILITY LETTER**

<h1 style="font-size: 48px; margin: 0;">D</h1> <p style="margin: 5px 0;">SIGN HERE</p>	21	<p><b>SIGN HERE TO COMPLETE THE APPLICATION – YOU MUST SIGN THE APPLICATION</b></p> <p>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, it and all accompanying documents and statements are true, correct and complete.</p> <p style="text-align: center;"> _____   Your Signature </p> <p style="text-align: center;"> _____   Date </p> <p>If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer.</p>
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**FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES**

**Return this form to: Assessors Office Springfield City Hall 36 Court Street Springfield, MA 01103-1698**

FISCAL YEAR     **2016**

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