

<h1 style="font-size: 48px; margin: 0;">C</h1> <p style="margin: 0;">ELIGIBILITY INFORMATION</p>	<p>11 Did you own and occupy the above property as your principal residence as of July 1, 2020? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Veterans must have been domiciled in Massachusetts either six (6) months prior to induction in service OR for two (2) 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> <p>12 Did you live in Mass. for six months prior to entering the service?</p> <p>13 Did you live in Mass. for 2 consecutive years before filing?</p> <p>14 Did you own & occupy the property as your domicile as of July 1, 2020?</p> <p>15 Is the property larger than a single family unit?</p> <p style="text-align: right; margin-right: 20px;"> Circle One <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px 5px;">YES</td> <td style="padding: 2px 5px;">NO</td> </tr> <tr> <td style="padding: 2px 5px;">YES</td> <td style="padding: 2px 5px;">NO</td> </tr> <tr> <td style="padding: 2px 5px;">YES</td> <td style="padding: 2px 5px;">NO</td> </tr> <tr> <td style="padding: 2px 5px;">YES</td> <td style="padding: 2px 5px;">NO</td> </tr> </table> </p> <p style="text-align: right; margin-right: 20px;">If yes, Unit Count _____</p> <p>16 Date entered Service: _____</p> <p>17. Disability Rating _____</p> <p>18 Branch of Service: _____</p> <p>19. Certificate Number _____</p> <p>20 Date of Discharge: _____</p>	YES	NO	YES	NO	YES	NO	YES	NO
YES	NO								
YES	NO								
YES	NO								
YES	NO								

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

<h1 style="font-size: 48px; margin: 0;">D</h1> <p style="margin: 0;">SIGN HERE</p>	<p>21 SIGN HERE TO COMPLETE THE APPLICATION – YOU MUST SIGN THE APPLICATION</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; margin: 10px 0;"> _____ Your Signature </p> <p style="text-align: center; margin: 10px 0;"> _____ 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 **2021**

VETERAN APPLICATION