

APPLICATION FOR EXEMPTION FROM LOCAL TAXATION
WIDOW, MINOR CHILD OR WIDOWED MOTHER OF A VETERAN

1.Name _____

2.Legal Residence _____

3.Do you Receive a Pension from the United States Government as the
a)Unremarried Widow or the Minor Child of a Veteran? Yes No

b)Unremarried Widowed Mother of a Veteran? Yes No

4.If Minor Child or Widowed Mother, Date of Birth _____

5.Information Relating to Deceased Veteran who was the Husband, Son or Parent of Applicant:

a)Name of Veteran _____

b)Date of Birth of Veteran _____

c)Date of Decease of Veteran _____

d)Was Veteran's Death Service-connected? Yes No

e)Date of Entry into Armed Forces _____

f)Legal Residence on Date of Entry into Armed Forces_____

g)Date of Discharge or Separation from Armed Forces_____

h)Was Veteran Receiving TOTAL Disability Pension Yes No
or Compensation at Death?

1.Did Veteran Receive a Grant from U.S. Government Yes No
for Specially Adapted Housing as a Paraplegic?

i)Veterans Administration Claim No. C-_____

j)Military Service Serial Number_____

INSTRUCTIONS: All questions must be answered. This application must be filed with the assessors of the place where you reside on or before April 1 to be considered for this year. The assessors shall thereafter grant such exemption while you are so qualified and continue a legal resident of that place. This application must be accompanied by satisfactory documentary evidence to support answers to questions. If you are in doubt as to the way in which to answer any question or as to documentary evidence needed, consult your Board of Assessors.

I hereby apply for exemption from local taxation in accordance with Title 36, MRSA, section 653. No property upon which tax exemption may be claimed hereunder has been conveyed to me for the purpose of obtaining such exemption. The answers to the above questions are correct to the best of my knowledge and belief.

Date _____

Signature of Applicant

CERTIFICATE OF APPROVAL OF APPLICANT'S EXEMPT STATUS

Written proof of entitlement has accompanied this application which supports the statements here contained indicating that the applicant is entitled to exemption from property tax as indicated.

\$5,000 Post W.W.I.

\$7,000 W.W.I.

\$47,500 Paraplegic

In determining the local assessed value of the exemption, the assessor shall multiply the amount of the exemption by the ratio of current just value upon which the assessment is based.

Date Approved _____
by _____

Approved

Effective Date _____

Title _____

NOTE: Acceptable proof of entitlement is covered by, but not limited to V.A. Form 20-5455a when Item 15 Tax Code indicates Code 2 or 3 or a copy of the certificate or letter issued by the V.A.

NOTE: When this form is used by a municipality the ratio to be used is that which was reported to the State Tax Assessor on the annual Municipal Valuation Return.