

# APPLICATION FOR VETERAN EXEMPTION

(Title 36 MRSA, Section 653)

Please refer to Bulletin #7 for additional information

This application must be filed on or before April 1<sup>st</sup> with the assessors of the municipality in which the applicant resides. Satisfactory documentary evidence is required in order to support answers to questions.

1. Name of Applicant: \_\_\_\_\_ Telephone #: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Legal Residence: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

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5. Date of Entry into Armed Forces: \_\_\_\_\_

6. Legal Residence on Date of Entry into Armed Forces: \_\_\_\_\_

7. Date of Discharge or Separation from Armed Forces: \_\_\_\_\_

8. Military Service Serial Number: \_\_\_\_\_

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9. Do you receive a **100% disability** pension or compensation from the U.S. Government as a Veteran?

Yes  No. If yes, is your disability based on:

a) Service in the U.S. Armed Forces during any Federally recognized War Period?  Yes  No

b) Injury or disease incurred in the line of duty during active military service?  Yes  No

c) Veterans Administration Claim Number: C-\_\_\_\_\_

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10. Did you receive a grant from the U.S. Government for Specially Adapted Housing as a Paraplegic?

Yes  No

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11. Are you applying for the veteran exemption on real or personal property tax?

Real Estate  Personal Estate

12. If you checked real estate, is the property in a **revocable living trust** with you as the beneficial owner of that trust?  Yes  No

13. Please provide a description of the property (map, lot, location, etc): \_\_\_\_\_

*I hereby apply for exemption from local taxation in accordance with Title 36, MRSA, Section 653. No property upon which I claim tax exemption as a veteran was conveyed to me for the purpose of obtaining exemption other than from my spouse. The answers to the above questions are correct to the best of my knowledge and belief.*

Date: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_