

# APPLICATION FOR VETERAN EXEMPTION

(Title 36 MRSA, Section 653)

*Please refer to Bulletin #7 for additional information*

All questions must be answered. Any person seeking exemption as a veteran of the armed services must make written application, and file written proof of entitlement on or before the first day of April in the year in which the exemption is first requested, with the assessors of the place in which the applicant resides. The application must be accompanied by satisfactory documentary evidence to support answers to questions.

1. Name: \_\_\_\_\_
  - a) If the property is in a Revocable Living Trust, are you the beneficiary of that trust?  
Yes No
  
2. Mailing Address: \_\_\_\_\_
3. Legal Address \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6.
  - a) Date of Entry into Armed Forces: \_\_\_\_\_
  - b) Legal Residence on Date of Entry into Armed Forces: \_\_\_\_\_
  - c) Date of Discharge or Separation from Armed Forces: \_\_\_\_\_
  - d) For military service between February 27, 1961 and August 5, 1964, please specify the locations where you served\*: \_\_\_\_\_
  - e) Military Service Serial Number: \_\_\_\_\_
7. Do you receive pension or compensation from the United State Government as a Veteran for **100% disability**? 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- \_\_\_\_\_
8. Did you receive a grant from the U.S. Government for Specially Adapted Housing as a Paraplegic? Yes No

**\*Viet Nam War period** – Veterans must have served for a period of more that 180 days, any part of which occurred after February 27, 1961 and before May 8, 1975. Veterans claiming service after February 27, 1961 and before August 5, 1964 must have served in the Republic of Vietnam. (Section 653.1, C(1))

(CONTINUED ON REVERSE SIDE)

*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

---

---

### **CERTIFICATE OF APPROVAL OF APPLICANT'S EXEMPT STATUS**

Written proof of entitlement has accompanied this application that 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: \_\_\_\_\_

Approved by: \_\_\_\_\_

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.