# APPLICATION FOR EXEMPTION
# FOR WIDOW, WIDOWER, MINOR CHILD OR
# WIDOWED PARENT OF A VETERAN

(Title 36 MRSA, Section 653)

*Please refer to Bulletin #7 for additional information*

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. This application must be accompanied by satisfactory documentary evidence to support answers to questions.

1. Name:_____
   If the property is in a Revocable Living Trust, are you the beneficiary of that trust?
   ❒Yes ❒No
2. Legal Residence:_____
3. Do you Receive a Pension from the United State Government as the:
   a) Unremarried Widow, Widower or the Minor Child of a Veteran? ❒Yes ❒No
   b) Unremarried Widowed Parent of a Veteran? ❒Yes ❒No
4. If Minor Child or Widowed Parent, Date of Birth:_____
5. Information Relating to Deceased Veteran who was the Husband, Wife, Child 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 100% Disability Pension or Compensation at Death?
      ❒Yes ❒No
   i) Did Veteran Receive a Grant from U.S. Government for Specially Adapted Housing as a Paraplegic? ❒Yes ❒No
   j) Veterans Administration Claim No: C-_____
   K) Military Service Serial Number:_____

CONTINUED ON REVERSE SIDE

*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 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

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**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:_____ 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.