STATE TAX FORM 96-4

THE COMMONWEALTH OF MASSACHUSETTS
City of Newton
Fiscal Year 2012

Assessor Use Only
MGL Ch 59 § 5 Veteran
Date Received:

VETERAN

APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 59, Section 60.)

Must be filed with the Board of Assessors on or before December 15, or 3 months after the actual (not preliminary) tax bills are mailed for the fiscal year if later.

A. IDENTIFICATION. Complete this section fully. Please Print or Type.

Name of Applicant _____

Marital Status _____ Social Security No. _____
(optional)

Legal Residence (Domicile) on July 1, 2011? _____

Mailing Address (If different) _____ Tel No. _____

Parcel ID _____ No. of Dwelling Units: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Other ____

Did you own the property July 1, 2011? _____

If yes, were you ____ Sole Owner ____Co-Owner with spouse only ____ Co-Owner with others

Was the property subject to a Trust as of July 1, 2011? _____ (If yes, attach Trust Instrument)

Have you been granted an exemption in any other city or town this year? _____

If yes, name of City or Town _____ Amount Exempted $_____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

_____Ownership	_____GRANTED	Assessed Tax	_____
_____Occupancy	_____DENIED	Exempted Tax	_____
_____Status	_____DEEMED DENIED	Adjusted Tax	_____
_____Income	Date Granted/Denied _____	_____	
_____Assets	Certificate No. _____	_____	
	Date Cert/Notice Sent _____	_____	
		Board of Assessors	

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THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

B. EXEMPTION STATUS Check the status that applies to you and complete the questions that follow.

☐ VETERAN ☐ VETERAN'S SPOUSE ☐ VETERAN'S SURVIVING SPOUSE OR PARENT

(If you are a surviving spouse or parent applying for the first time, please attach a copy of the Death Certificate.)

Name of Applicant _____

Veteran's Name _____ Date Enlisted/Inducted_____

Date Discharged_____ Type of Discharge _____

Did the Veteran live in Massachusetts at least six months prior to entering the service? _____

If no, list the places and dates where the Veteran was domiciled during the last six years.

Address	Dates
_____	_____
_____	_____
_____	_____

Please list any medals or decorations that entitle the Veteran to this exemption:

Medal/Decoration	Date
_____	_____
_____	_____

Was the Veteran killed during military service? _____ If yes, date of death_____

Does the Veteran have a war service connected disability?_____

If yes and this is your first application in Newton, or you are 100% disabled or your status has changed attach Veterans Administration Certificate of Disability.

Has the Veteran acquired specially adapted housing?_____

Is the Veteran capable of working? _____

Is the Veteran a paraplegic? _____

C. SIGNATURE

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

_____ _____

Signature Date

If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.

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