

**APPLICATION FOR VETERAN PROPERTY TAX EXEMPTION
FOR WIDOWED SPOUSE, MINOR CHILD, OR WIDOWED PARENT
36 M.R.S. § 653**

Please refer to Bulletin #7 for additional information - this application is confidential.

File this application, including all required attachments, with your municipality by April 1.

Information Relating to the Applicant Spouse, Child or Parent

1. Name: _____ 2. Telephone: _____

3. Mailing address: _____

4. Legal residence: _____ 5. Date of birth: _____

6. Check the applicable boxes:

I receive compensation from the U.S. Government as the unremarried widowed spouse, the minor child, or unremarried widowed parent of a veteran.

Relationship to veteran: Widow Widower Minor Child Widowed Father Widowed Mother.

I am the beneficiary of a revocable living trust that held the property for which I claim exemption.

Information Relating to the Deceased Veteran

7. Name of veteran: _____ 8. Date of birth _____

9. Date of entry into armed forces: _____ 10. Date of discharge/retirement: _____

11. Legal residence as of date on line 9: _____

12. Service Number/SSN: _____ 13. Date of death: _____

14. disability pension claim No: C- _____

15. Check the applicable boxes:

The veteran's death was service connected.

The veteran, as of the date on line 14, received compensation based on 100% Disability.

The veteran received a grant from the U.S. Government for specially adapted housing as a paraplegic.

I hereby apply for exemption from local property taxation in accordance with 36 M.R. S. § 653. No property on which exemption may be claimed under this section has been conveyed to me for the purpose of obtaining an exemption. The answers to the above questions are correct to the best of my knowledge and belief

Signature of applicant: _____ Date: _____

CERTIFICATE OF APPROVAL OF APPLICANT'S EXEMPT STATUS
(Assessor's Use Only)

Written proof of entitlement accompanied this application, showing that the applicant is entitled to exemption from property tax as the widowed spouse, minor child, or widowed parent of a veteran. Proof of entitlement is covered by, but not limited to: 00214 Military Record, 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.

The applicant qualifies for:

- D \$6,000 post W.W.I veteran exemption
- O \$7,000 W.W.I veteran exemption
- O \$50,000 paraplegic veteran

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

Signature: _____ Date: _____

Title: _____ Eciive de of exemption: _____