

MAP: _____ LOT: _____
WAR: _____
FOR YEAR: _____

**APPLICATION FOR EXEMPTION FROM LOCAL TAXATION
VETERAN**

INSTRUCTIONS: 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 local assessor shall thereafter grant such exemption while you are so qualified and continue to be a legal resident. This application must be accompanied by **satisfactory documentary evidence** to support answers to questions. If you are in doubt as to the way in which to answer any questions, or as to documentary evidence needed, consult your local assessor.

1. NAME: _____
2. MAILING ADDRESS: _____
3. LEGAL RESIDENCE: _____
4. DATE OF BIRTH: _____
5. a) DATE OF ENTRY INTO ARMED FORCES: _____
b) DATE OF DISCHARGE OR SEPARATION FROM ARMED FORCES: _____
c) LEGAL RESIDENCE ON DATE OF ENTRY INTO ARMED FORCES: _____
6. DO YOU RECEIVE FROM THE U.S. GOVERNMENT AS A VETERAN:
a) COMPENSATION FOR WARTIME SERVICE CONNECTED DISABILITY? YES _____ NO _____
b) PENSION OR COMPENSATION FOR OTHER THAN WARTIME SERVICE CONNECTED
DISABILITY? YES _____ NO _____
c) IS PENSION FOR TOTAL DISABILITY? YES _____ NO _____
7. DO YOU RECEIVE RETIREMENT PAY OR VOCATIONAL TRAINING FROM THE U.S. GOVERNMENT FOR WARTIME SERVICE CONNECTED DISABILITY? YES _____ NO _____
8. DID YOU RECEIVE A GRANT FROM THE U.S. GOVERNMENT FOR SPECIALLY ADAPTED HOUSING AS A PARAPLEGIC? YES _____ NO _____
9. VETERANS ADMINISTRATION CLAIM NUMBER: _____
10. MILITARY SERVICE SERIAL NUMBER: _____

I HEREBY APPLY FOR EXEMPTION FROM LOCAL TAXATION IN ACCORDANCE WITH TITLE 36, M.R.S.A., 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

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.

APPROVED BY: _____
Assessor, Town of Sabattus

DATE: _____

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.

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.