

GREENFIELD  
NAME OF CITY OR TOWN

Fiscal Year \_\_\_\_\_

**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 Board of Assessors on or before December 15 or 3 months after actual (not preliminary) tax bills are mailed for fiscal year if later.**

INSTRUCTIONS. Complete all sections fully. Please print or type.

**A. IDENTIFICATION**

Name of Applicant \_\_\_\_\_

Marital Status \_\_\_\_\_ Phone Number \_\_\_\_\_

Legal Residence (Domicile) on July 1, \_\_\_\_\_ same \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_ same \_\_\_\_\_

Location of Property \_\_\_\_\_, Greenfield, MA 01301 \_\_\_\_\_ No. of Dwelling Units \_\_\_\_\_

Did you own the property on July 1, \_\_\_\_\_ ? Yes  No   
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, \_\_\_\_\_ ? Yes  No  (If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year ? Yes  No

If yes, name of city or town \_\_\_\_\_ Amount exempted \$ \_\_\_\_\_

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)		
_____ Ownership	_____ GRANTED	Assessed Tax _____
	_____ DENIED	Exempted Tax _____
_____ Occupancy	_____ DEEMED DENIED	Adjusted Tax _____
_____ Status	Date Voted/Deemed Denied _____	BOARD OF ASSESSORS
	Certificate No. _____	_____
	Date Cert./Notice Sent _____	_____
	Exemption : Clause _____	_____
		Date _____

**FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES**

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 Veterans Name \_\_\_\_\_  
 VETERAN'S SPOUSE Deceased Veteran's Name Merritt D. Jenkins  
 VETERAN'S SURVIVING SPOUSE/PARENT  
 (If first year of application, attach copy of death certificate.)

Date Enlisted/Inducted \_\_\_\_\_ Date Discharged \_\_\_\_\_

Type of Discharge \_\_\_\_\_ (If first year of application, attach copy of discharge papers.)

Military Decorations or Awards \_\_\_\_\_

Did the veteran live in Massachusetts at least 6 months prior to entering the service? Yes  No   
 If no, list the places and dates where the veteran was domiciled during the last 6 years.

Address	Dates
_____	_____
_____	_____
_____	_____

Was the veteran killed during military service? Yes  No

If yes, date of death \_\_\_\_\_

If yes, and you are surviving spouse, have you remarried? Yes  No

Does the veteran have a war-service connected disability? Yes  No

**If yes and first year of application, attach Veterans Administration Certificate of Disability. If yes and exemption granted previously, attach certificate only if disability is 100% or has changed.**

Has the veteran acquired "specially adapted housing"? Yes  No

Is the veteran capable of working? Yes  No

Is the veteran a paraplegic? Yes  No

**C. SIGNATURE.** Sign here to complete the application.

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

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

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