

**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. Mailing Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

3. Legal Residence: \_\_\_\_\_

4. 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

5. If Minor Child or Parent of a deceased veteran, Date of Birth: \_\_\_\_\_

6. 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: \_\_\_\_\_

*I hereby apply for exemption from local property taxation in accordance with Title 36, MRSA, Section 653. No property upon which tax exemption may be claimed hereunder has been 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

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

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.

- |                          |          |            |
|--------------------------|----------|------------|
| <input type="checkbox"/> | \$6,000  | Post W.W.I |
| <input type="checkbox"/> | \$7,000  | W.W.I      |
| <input type="checkbox"/> | \$50,000 | Paraplegic |

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

Date Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Title: \_\_\_\_\_

NOTE: Acceptable proof of entitlement is covered by, but not limited to: DD214 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.