State Tax Form 96-4
Revised 7/2015

The Commonwealth of Massachusetts

DRACUT
Name of City or Town

22
Assessors' Use only
Date Received
Application No.
Parcel Id.

VETERAN
FISCAL YEAR 2017 APPLICATION FOR STATUTORY EXEMPTION
General Laws Chapter 59, § 5

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

Return to: Board of Assessors
Must be filed with assessors on or before December 15 or 3 months after actual (**not** preliminary) tax bills are Mailed for fiscal year if later.

INSTRUCTIONS: Complete the following. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____

Telephone Number _____ Marital Status _____

Legal Residence (Domicile) on July 1, 2016 Mailing Address (If different)

No. Street City/Town Zip Code

Location of Property:

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

Did you own the property on July 1, 2016 ? 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, 2016 ? Yes ☐ No ☐

If yes, please attach trust instrument including all schedules.

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

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 ☐		
Assets ☐		Board of Assessors
Date Voted/Deemed Denied	_____	_____
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**

☐ **VETERAN'S SPOUSE**

Veteran's Name _____

Was the property the veteran's domicile as of July 1, 2016 ?

Yes ☐ No ☐

If no, where does the veteran reside? _____

☐ **VETERAN'S/SERVICEMEMBER'S/ NATIONAL GUARD MEMBER'S SURVIVING SPOUSE or SERVICEMEMBER'S SURVIVING PARENT**

Deceased Veteran's/Servicemember's/National Guard member's Name _____

If first year of application, attach copy of death certificate.

If you are surviving spouse, have you remarried? Yes ☐ No ☐

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/servicemember/national guard member live in Massachusetts for at least 6 months before entering the service? Yes ☐ No ☐ *If no, list places and dates where veteran or member lived during the last 6 years or if deceased, the 6 years before death (2 years if local option adopted - See Assessors)*

Address	Dates

Continue list on attachment in same format as necessary.

If yes to any of the next 2 questions and if first year of application, (1) attach documentation from U.S. Dept. of Veterans Affairs, branch of service or doctor <u>*and*</u> *(2) list above places and dates where surviving spouse has lived during the last 6 years (2 years if local option adopted – See Assessors)*

Was the servicemember or national guard member killed or presumed killed in a combat zone? Yes ☐ No ☐

Was the servicemember's or national guard member's death a proximate result of a combat injury or disease? Yes ☐ No ☐

If yes to any of the next 3 questions and

If first year of application, attach Certificate of Disability from U.S. Dept. of Veterans Affairs or branch of service.

If exemption granted previously, attach certificate only if disability rating is 100% or has changed.

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

Has the veteran acquired "specially adapted housing?" 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, this return and all accompanying documents and statements are true, correct and complete.

_____

Signature Date

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