APPLICATION FOR VETERAN EXEMPTION

(Title 36 MRSA, Section 653)

Please refer to Bulletin #7 for additional information

This application must be filed on or before April 1st with the assessors of the municipality in which the applicant resides. Satisfactory documentary evidence is required in order to support answers to questions.

1. Name of Applicant: _____ Telephone #: _____
2. Mailing Address: _____
3. Legal Residence: _____
4. Date of Birth: _____

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5. Date of Entry into Armed Forces: _____
6. Legal Residence on Date of Entry into Armed Forces: _____
7. Date of Discharge or Separation from Armed Forces: _____
8. Military Service Serial Number: _____

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9. Do you receive a **100% disability** pension or compensation from the U.S. Government as a Veteran?

   ❑Yes ❑No. If yes, is your disability based on:

   a) Service in the U.S. Armed Forces during any Federally recognized War Period? ❑Yes ❑No

   b) Injury or disease incurred in the line of duty during active military service? ❑Yes ❑No

   c) Veterans Administration Claim Number: C-_____

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10. Did you receive a grant from the U.S. Government for Specially Adapted Housing as a Paraplegic?
    ❑Yes ❑No

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11. Are you applying for the veteran exemption on real or personal property tax?
    ❑Real Estate ❑ Personal Estate

12. If you checked real estate, is the property in a **revocable living trust** with you as the beneficial owner of that trust? ❑Yes ❑No

13. Please provide a description of the property (map, lot, location, etc): _____

I hereby apply for exemption from local taxation in accordance with Title 36, MRSA, 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

A veteran who served on active duty in the armed forces may apply for an exemption from property tax in the place where they reside provided:

- they served during a recognized war period and have reached the age of 62 years or;
- they served during a recognized war period and are receiving any form of pension or compensation from the United States Government for total disability, service-connected or nonservice-connected, as a veteran; or
- they were injured during active military service in the line of duty and are receiving 100% service-connected disability from the United States Government; or
- they were awarded the Armed Forces Expeditionary Medal and have reached the age of 62 years; or
- they were awarded the Armed Forces Expeditionary Medal and are receiving any form of pension or compensation from the United States Government for total disability, service-connected or nonservice-connected, as a veteran; or
- they served during a recognized war period and received a grant as a paraplegic veteran for specially adapted housing units.

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 or a copy of the certificate or letter issued by the V.A.

RECOGNIZED PERIODS

- World War I - April 6, 1917 to November 11, 1918, inclusive.
- World War I - (service in Russia) - April 6, 1917 to March 31, 1920, inclusive.
- World War II - December 7, 1941 to December 31, 1946, inclusive.
- Korean Campaign - June 27, 1950 to January 31, 1955, inclusive.
- Vietnam War – February 28, 1961 to May 7, 1975 (active duty for more than 180 days);
- Persian Gulf War – August 2, 1990 to the date that the US Government recognizes as the end of that war period (active duty)
- Other Recognized Service Periods – From August 24, 1982 to July 31, 1984 and from December 20, 1989 to January 31, 1990

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FOR ASSESSOR USE ONLY - CERTIFICATE OF APPROVAL OF APPLICANT'S EXEMPT STATUS

The applicant has applied for the following exemption amount:

- ❑ $6,000 Post W.W.I
- ❑ $7,000 W.W.I
- ❑ $50,000 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.

Date Approved:_____ Effective Date:_____

Approved by:_____ Title:_____

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