



PROPERTY TAX EXEMPTION APPLICATION

For surviving spouses, parents, or minor children of deceased veterans

36 M.R.S. § 653 and Property Tax Bulletin No. 7

The information in completed applications is confidential.

1. Name of surviving applicant: _____ 2. Telephone: _____
3. Mailing address: _____
4. Legal residence: _____ 5. Date of birth: _____

6. Check the applicable boxes:

- ☐ I receive compensation from the U.S. Government as the unremarried widowed spouse, the minor child, or unremarried widowed parent of a veteran.

Relationship to deceased veteran:

- ☐ Widow ☐ Widower ☐ Minor Child ☐ Widowed Father ☐ Widowed Mother
- ☐ I am the beneficiary of a revocable living trust that held the property for which I claim exemption.

Information Relating to the Deceased Veteran

7. Name of veteran: _____ 8. Date of birth _____
9. Date of entry into armed forces: _____ 10. Date of discharge/retirement: _____
11. Legal residence as of date on line 9: _____
12. Service Number/SSN: _____ 13. Date of death: _____
14. VA disability pension claim No: C- _____
15. Check the applicable boxes:
- ☐ The veteran's death was service connected.
- ☐ The veteran, as of the date on line 14, received compensation based on 100% Disability.
- ☐ The veteran received a grant from the U.S. Government for specially adapted housing as a paraplegic.

DECLARATION(S) UNDER THE PENALTIES OF PERJURY. I declare that I have examined this return/report/document and (if applicable) accompanying schedules and statements and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of applicant: _____ Date: _____ Email: _____

You must file this application, including all required attachments, with your municipality by April 1.

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

Proof of eligibility must be attached. Proof of eligibility includes, but is 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.

The applicant qualifies for:

- ☐ \$6,000 post W.W.I veteran exemption
- ☐ \$7,000 W.W.I veteran exemption
- ☐ \$50,000 paraplegic veteran

In determining the local assessed value of the exemption, the assessor must multiply the full amount of the exemption by the certified ratio.

Date approved: _____ Effective date: _____

Approved by: _____ Title: _____