

THE COMMONWEALTH OF MASSACHUSETTS

**FY2024 WELLESLEY APPLICATION FOR  
VETERAN STATUTORY EXEMPTION**

General Laws Chapter 59, Section 5

ASSESSORS USE ONLY

Clause

Date Received:

Other Exemptions: \$

Bill #:

Parcel ID:

Must be filed with Board of Assessors annually by April  
1st. for fiscal year.THIS APPLICATION IS NOT OPEN TO PUBLIC  
INSPECTION (see General Laws Chapter 59, Section 60)**INSTRUCTIONS:**

**Please review and make any corrections to this form as soon as possible.**  
**Fill in all shaded areas and verify their accuracy.**  
**Sign on reverse.**

If you are a veteran claiming exemption under Clause 22E, your yearly Veterans Administration certificate must also be submitted. All new applications must be submitted with a Certificate of Eligibility.

If you are unable to return this form now, remember that it must be filed with the Board of Assessors by April 1. The Board of Assessors anticipate mailing the actual Fiscal Year 2024 real estate tax bills sometime in December 2023.

**A. IDENTIFICATION.**Name of Applicant: Social Security No.: Telephone No.: Legal Residence (domicile) on July 1: Mailing Address (if different) : Location of property: Did you own the property on July 1: 

If yes, were you

Sole Owner?  Y/N Co-owner Spouse?  Y/N Co-owner with others?  Y/NWas the property subject to a trust as of July 1?  Y/N

(If yes, attach trust instrument including all schedules)

Have you been granted any exemption in any other city or town for this year?  Y/NIf yes, name of city or town:  Amount exempted: 

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

**B. EXEMPTION STATUS. Check the status that applies to you and complete the questions that follow.**

VETERAN: ☐

VETERAN'S SPOUSE: ☐ Y/N VETERAN'S NAME:

VETERAN'S SURVIVING ☐ Y/N DECEASED VETERAN'S NAME:

SPOUSE OR PARENT: ☐

Date enlisted / inducted:  Date Discharged:

Type of discharge:  (If first year of application, attach copy of papers)

Military decorations or awards:

Did the veteran live in Massachusetts at least 6 months prior to entering the service? ☐

If no, list the places and dates where the veteran was domiciled the last six years.

Address	Dates
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Was the veteran killed during military service? ☐

If yes, date of death:

If yes, and you are surviving spouse, have you remarried? ☐ Y/N

Does the veteran have a service connected disability? ☐ Type of disability:

If yes, and this is the first year of application, attach Veterans Administration Certificate of Disability.

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

Has the veteran acquired "specially adapted housing"? ☐

Is the veteran capable of working? ☐

Is the veteran paraplegic? ☐

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

This application has been prepared or examined by me. Under 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.

<input type="text"/> Your signature	<input type="text"/> Date
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If signed by agent, attach copy of written authorization to sign on behalf of taxpayers.