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:		
****	**************************************		
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:		
****	**************************************		
9.	Do you receive a 100% disability pension or compensation from the U.S. Government as a Veteran? UYes UNo. If yes, is your disability based on:		
	a) Service in the U.S. Armed Forces during any Federally recognized War Period?		
	c) Veterans Administration Claim Number: C		
****	**************************************		
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 that trust? □Yes □No		
13.	Please provide a description of the property (map, lot, location, etc):		
UDC	ereby apply for exemption from local taxation in accordance with Title 36, MRSA, Section 653. No propert on which I claim tax exemption as a veteran was conveyed to me for the purpose of obtaining exemption er than from my spouse. The answers to the above questions are correct to the best of my knowledge an ief.		
Dat	te:Signature of Applicant		
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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% serviceconnected 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

PTF-307

- 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

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January 31, 1990	Service Ferious	s - Prominaugust 24, 1902 to July 31, 1904 and from December 20, 1909 to
		TIFICATE 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
		the exemption, the assessor shall multiply the amount of the upon which the assessment is based.
Date Approved:		Effective Date:
Approved by:	······································	Title:
1/08		