

ASSESSORS USE ONLY

THE COMMONWEALTH OF MASSACHUSETTS

22(a-f) 22A 22B 22C 22D 22E 22F

WESTFORD

NAME OF CITY OR TOWN

DATE RECEIVED

VETERAN

FY26 APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

(See General Laws Chapter 59, Section 60)

**THIS FORM MUST BE FILED WITH THE BOARD OF ASSESSORS
NO LATER THAN APRIL 1ST OF EVERY YEAR**

INSTRUCTIONS: (Please PRINT or TYPE)

A. IDENTIFICATION. Complete this section fully.

Name of Applicant

Marital Status

Tel. No

Legal Residence (Domicile) on July 1, 2025

Mailing Address (If different)

The applicant must occupy the property as his or her domicile on July 1

Location of Property

No. of Dwelling Units

1 2 3 4 Other

Did you own the property on July 1, 2025?

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, 2025?

YES NO

(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other state, city or town for this year? YES NO

If yes, name of state, city or town _____ Amount exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSOR'S USE ONLY)

Ownership

GRANTED

Assessed Tax _____

Occupancy

DENIED

Exempted Tax _____

Status

DEEMED DENIED

Adjusted Tax _____

BOARD OF ASSESSORS

Date Voted/Deemed Denied _____

Certificate No. _____

Date Cert. /Notice Sent _____

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, 2025?

YES NO.

If, No, where does the veteran reside? _____

VETERAN'S/SERVICE MEMBER'S/NATIONAL GUARD MEMBER'S SURVIVING SPOUSE OR SERVICE MEMBER'S SURVIVING PARENT

Deceased Service member's/Veteran's Name: _____

(IF FIRST YEAR OF APPLICATION, ATTACH COPY OF DEATH CERTIFICATE)

If you are a 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/SERVICE MEMBER/NATIONAL GUARD MEMBER** live in Massachusetts at least 6 months prior to entering the service? YES NO.

If no, list the places and dates where the veteran was domiciled during the last 6 years or if deceased the 6 years prior to. (2 yrs. if local option adopted-see Assessor's office in your City/Town).

Address

Continue list on attachment in same format as necessary.

Dates

*If yes to any of the next 2 questions and if the 1st year of application, (1) attach documentation from U.S. Department of Veteran's Affairs, branch of service **and** (2) list above places and dates where Surviving Spouse was domiciled during the last 6 years. (2 yrs. if local option adopted-see Assessor's office in your City/Town).*

Is the **SERVICE MEMBER/NATIONAL GUARD MEMBER** missing in action and presumed dead? YES NO

Was the proximate cause of the **VETERAN'S/SERVICE MEMBER'S/NATIONAL GUARD MEMBER'S** death due to an active duty injury or illness? YES NO

If yes to the following question & the 1st year of application, (1) attach certificate of disability from US Dept of Veteran's Affairs or branch of service.

Does the veteran have a 100 % disability rating for service connected blindness? YES NO

If yes to any of the next 3 questions and:

If 1st year of application, attach certificate of disability from U.S. Department of Veteran's Affairs, or branch of service.

If the exemption was previously granted (between 10% to 99%) attached a new certificate only if the amount of disability has changed.

If disability rating is 100% you are required to submit a certificate of disability from U.S. Dept Veteran's Affairs annually. (CL 22E)

Does the veteran have a war-service connected disability? YES NO

A) PERCENTAGE OF DISABILITY: _____ B) TYPE OF INJURY _____

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, it 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