Unmarried Widow or Minor Child of a Veteran Local Taxation Exemption Form

The City of Augusta, Maine

Application must be filed with the assessor's office on or before April 1st to be considered for this year. This application must be accompanied by satisfactory documentary evidence to support answers to questions. If you are in doubt as to the way in which to answer any question or as to documentary evidence needed, consult your assessor at (207) 626-2320.

Form may be completed on-line; however, you will need to print, sign and mail the form to:

City of Augusta
Tax Assessor's Office
16 Cony Street
Augusta, ME 04330-5298

Note: Applicant signature is required to process this application.

MAP:_____LOT: _____

WAR: _____

FOR YEAR:_____

APPLICATION FOR EXEMPTION FROM LOCAL TAXATION
UNREMARRIED WIDOW OR MINOR CHILD OF A VETERAN

INSTRUCTIONS: ALL QUESTIONS **MUST** BE ANSWERED. THIS APPLICATION **MUST** BE FILED WITH THE ASSESSORS OF THE PLACE WHERE YOU RESIDE ON OR BEFORE APRIL 1 TO BE CONSIDERED FOR THIS YEAR. THE ASSESSORS SHALL THEREAFTER GRANT SUCH EXEMPTION WHILE YOU ARE SO QUALIFIED AND CONTINUE A LEGAL RESIDENT OF THAT PLACE. THIS APPLICATION MUST BE ACCOMPANIED BY SATISFACTORY DOCUMENTARY EVIDENCE TO SUPPORT ANSWERS TO QUESTIONS. IF YOU ARE IN DOUBT AS TO THE WAY IN WHICH TO ANSWER ANY QUESTION OR AS TO DOCUMENTARY EVIDENCE NEEDED, CONSULT YOUR LOCAL ASSESSOR.

1. NAME: _____
2. LEGAL RESIDENCE:_____
3. DO YOU RECEIVE A PENSION FROM THE U.S. GOVERNMENT AS THE
   (A) UNREMARRIED WIDOW OR THE MINOR CHILD OF A VETERAN? YES ____ NO____
4. IF MINOR CHILD, DATE OF BIRTH:_____
5. WHEN WAS RESIDENCE IN MAINE LAST ESTABLISHED: _____
6. INFORMATION RELATING TO DECEASED VETERAN WHO WAS THE HUSBAND, SON OR PARENT OF APPLICANT:
   (A) NAME OF VETERAN: _____
   (B) DATE OF BIRTH OF VETERAN:_____
   (C) DATE OF DECEASE OF VETERAN: _____
   (D) WAS VETERAN'S DEATH SERVICE-CONNECTED? YES ____ NO ____
   (E) DATE OF ENTRY INTO ARMED FORCES: _____
   (F) LEGAL RESIDENCE ON DATE OF ENTRY INTO ARMED FORCES: _____
   (G) DATE OF DISCHARGE OR SEPARATION FROM ARMED FORCES: _____
   (H) WAS VETERAN RECEIVING TOTAL DISABILITY PENSION OR COMPENSATION AT DEATH? YES ____ NO____
   (I) DID VETERAN RECEIVE A GRANT FROM U.S. GOVERNMENT FOR SPECIALLY ADAPTED USING AS A PARAPLEGIC? YES ____ NO ____
   (J) VETERANS ADMINISTRATION CLAIM NO C- _____
   (K) MILITARY SERVICE SERIAL NUMBER _____

I HEREBY APPLY FOR EXEMPTION FROM LOCAL TAXATION IN ACCORDANCE WITH TITLE 36, M.R.S.A. SECTION 653. NO PROPERTY UPON WHICH TAX EXEMPTION MAY BE CLAIMED HEREUNDER HAS BEEN CONVEYED TO ME FOR THE PURPOSE OF OBTAINING SUCH EXEMPTION. THE ANSWERS TO THE ABOVE QUESTIONS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE_____ _____

SIGNATURE OF APPLICANT

Print Form