

COMMONWEALTH OF MASSACHUSETTS

**FY2026 WELLESLEY APPLICATION FOR VETERAN STATUTORY EXEMPTION**

General Laws Chapter 59, Section 5

[Empty rectangular box for applicant information]

ASSESSORS USE ONLY Clause
Date Received:
Other Exemptions: \$
Bill #:
Parcel ID:

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 and sign on reverse.  
Attach a current Certificate of Eligibility from the Dept. of Veterans Affairs.  
Applications must be received by April 1, 2026.**

**A. IDENTIFICATION.**

Name of Applicant: [Redacted]

Social Security No.: [Redacted] Telephone No.: [Redacted]

Legal Residence (domicile) on July 1: [Redacted]

Mailing Address (if different) : [Redacted]

Location of property: [Redacted]

Did you own the property on July 1: [Redacted]

If yes, were you  
 Sole Owner? [Redacted] Co-owner Spouse? [Redacted] Co-owner with others? [Redacted]

Was the property subject to a trust as of July 1? [Redacted]  
 (If yes, attach trust instrument including all schedules)

Have you been granted any exemption in any other city or town for this year? [Redacted]

If yes, name of city or town: [Redacted] Amount exempted: [Redacted]

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

VETERAN:

VETERAN'S SPOUSE:  VETERAN'S NAME:

VETERAN'S SURVIVING  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?

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.