

RETURN TO:  
NEWTON CITY HALL  
ASSESSING OFFICE  
1000 COMMONWEALTH AVE  
NEWTON CENTRE, MA 02459

THE COMMONWEALTH OF MASSACHUSETTS  
**City of Newton**  
**Fiscal Year 2025**

Assessor Use Only  
MGL Ch 59 § 5 Veteran  
Date Received:

**VETERAN**  
**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.)

**Must be filed with the Board of Assessors on or  
before April 1, 2025**

A. IDENTIFICATION. Complete this section fully. Please Print or Type.

Name of Applicant \_\_\_\_\_

Marital Status \_\_\_\_\_ Tel No. \_\_\_\_\_

Legal Residence (Domicile) on July 1, 2024? \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Parcel ID \_\_\_\_\_ No. of Dwelling Units:  1  2  3  4 Other \_\_\_\_\_

Did you own the property July 1, 2024? \_\_\_\_\_

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, 2024? \_\_\_\_\_ (If yes, and first year of application, or first year subject to Trust, attach Trust Instrument and Schedule of Beneficiaries.)

If yes, has the Trust changed since July 1, 2023? \_\_\_\_\_ (If yes, attach new Trust Instrument and Schedule of Beneficiaries.)

Have you been granted an exemption in any other city or town this year? \_\_\_\_\_

If yes, name of City or Town \_\_\_\_\_ Amount Exempted \$ \_\_\_\_\_

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)			
_____ Ownership	_____ GRANTED	Assessed Tax	_____
_____ Occupancy	_____ DENIED	Exempted Tax	_____
_____ Status	_____ DEEMED DENIED	Adjusted Tax	_____
_____ Eligibility	Date Granted/Denied _____		_____
	Certificate No. _____		_____
	Date Cert/Notice Sent _____		_____
Board of Assessors			

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES  
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

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

VETERAN       VETERAN'S SPOUSE       VETERAN'S SURVIVING SPOUSE OR PARENT

(If you are a surviving spouse or parent applying for the first time, please attach a copy of the Death Certificate.)

Name of Applicant \_\_\_\_\_

Veteran's Name \_\_\_\_\_ Date Enlisted/Inducted \_\_\_\_\_

Date Discharged \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Did the Veteran live in Massachusetts at least six months prior to entering the service? \_\_\_\_\_

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

Address

Dates

_____	_____
_____	_____
_____	_____

Please list any medals or decorations that entitle the Veteran to this exemption:

Medal/Decoration

Date

_____	_____
_____	_____

Was the Veteran killed during military service? \_\_\_\_\_ If yes, date of death \_\_\_\_\_

Does the Veteran have a war service connected disability? \_\_\_\_\_

If yes, and this is your first application in Newton, or you are 100% disabled or your status has changed, attach Veterans Administration Certificate of Disability.

Has the Veteran acquired specially adapted housing? \_\_\_\_\_

Is the Veteran capable of working? \_\_\_\_\_

Is the Veteran a paraplegic? \_\_\_\_\_

**C. SIGNATURE**

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, 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 an agent, attach a copy of written authorization to sign on behalf of taxpayer.