PLEASE WRITE CLEAR AND LEGIBLY TO ENSURE ACCURACY – THANK YOU

VETERAN NAME | DATE OF BIRTH | DATE OF DEATH (IF APPLICABLE)

MARITAL STATUS ☐ MARRIED ☐ SINGLE ☐ WIDOW ☐ DIVORCED ☐ LEGALLY SEPERATED

SPOUSE NAME (IF APPLICABLE) | SPOUSE DATE OF BIRTH | SPOUSE DATE OF DEATH (IF APPLICABLE)

IF BOTH SPOUSES ARE VETERANS, A COMPLETED FORM IS REQUIRED FOR BOTH, SIGNED BY EACH VETERAN

MAILING ADDRESS	STREET	**DATE STAMP RECEIVED**
	CITY/STATE/ZIP	
RESIDENCE	STREET	
	CITY/STATE/ZIP	

DO YOU CLAIM MONTVILLE AS YOUR LEGAL RESIDENCE? Y ☐ N ☐

DOES YOUR SPOUSE? Y ☐ N ☐

IF **NO**, WHAT TOWN/STATE IS YOUR LEGAL RESIDENCE?

DO YOU CURRENTLY OWN PROPERTY IN ANOTHER TOWN/STATE? Y ☐ N ☐

DOES YOUR SPOUSE? Y ☐ N ☐

IF **YES**, WHERE?

ARE YOU CURRENTLY, OR DO YOU PLAN TO, RECEIVE EXEMPTIONS IN ANOTHER TOWN/STATE? Y ☐ N ☐

DOES YOUR SPOUSE? Y ☐ N ☐

IF **YES**, WHERE?

DO YOU PRESENTLY HAVE A DISABILITY RATING THROUGH THE DEPT OF VETERANS AFFAIRS? Y ☐ N ☐

IF **YES**, PLEASE PROVIDE AN UPDATED LETTER **WITHIN 30 DAYS OF TODAYS DATE** INDICATING:
SERVICE CONNECTED DISABILITY / RATING PERCENTAGE / EFFECTIVE DATE / PERMANENT & TOTAL

The filer herein deposes that the above statements are true and complete and that they (inclusive of spouse if applicable) are not receiving any form of exemption in any other state, town, or city. The filer is also aware they are responsible for updating any/all information (including but not limited to: marital status, address, contact information, disability rating, etc.) with the Assessor's Office as soon as possible, and failure to report updated information does not constitute the right to benefits no longer eligible for. The penalty for falsifying any information to receive any benefits/exemptions can lead to a refund of all benefits improperly taken, up to and including a fine of $500 or imprisonment for one year, or both. The signature below indicates that this form has been read and understood.

SIGNATURE | DATE | PRINTED NAME

PHONE NUMBER: | EMAIL ADDRESS: