

The Commonwealth of Massachusetts
TOWN OF TYNGSBOROUGH

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Assessor's Use only		

VETERAN
FISCAL YEAR 2026 APPLICATION FOR
STATUTORY EXEMPTION
General Laws Chapter 59, § 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 59, § 60)

Return to: Board of Assessors
Must be filed with assessors no later than **April 1**.

INSTRUCTIONS: Complete the following.

A. IDENTIFICATION:

Name of Applicant _____	Parcel ID _____
Telephone Number _____	Email _____
Marital Status _____	Location of Property: <u>TYNGSBOROUGH</u>
Legal Residence (Domicile) on July 1, <u>2025</u>	No. of Dwelling Units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other: _____
NO. STREET _____	CITY/TOWN _____ ZIP CODE _____
Mailing Address (If different)	
NO. STREET _____	CITY/TOWN _____ ZIP CODE _____
Are you a new applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes, please provide a copy of DD-214 & Disability Rating Letter from VA.</i>
Did you own the Property on July 1, <u>2025</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes, were you:</i> <input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-owner with Spouse only <input type="checkbox"/> Co-owner with others
Was the Property subject to a trust as of July 1, <u>2025</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes, please attach trust to have on file. If any changes are made, please provide updated documents.</i>
Have you been granted any exemption in any other city or town (MA or other) for this year? Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes, name of city or town _____ Amount exempted \$ _____</i>

DISPOSITION OF APPLICATION (ASSESSOR'S USE ONLY)

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed Tax \$ _____	Exempted CPA \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Exempted Tax \$ _____	
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted Tax \$ _____	
Board of Assessors			
Bill Number _____	_____	_____	_____
Certificate Number _____	_____	_____	_____
Date Deemed Denied _____	_____	_____	_____
Exemption: Clause _____	_____	Date: _____	_____

B. EXEMPTION STATUS: Complete the questions that follow.

VETERAN

VETERAN'S SPOUSE

Veteran's Name _____

If deceased, attach copy of death certificate for file.

VETERAN'S SURVIVING SPOUSE or SURVIVING PARENT

If you are a surviving spouse, have you remarried? Yes No

Date Enlisted/Inducted _____

Date Discharged _____

Type of Discharge _____

Military Decorations or Awards _____

Did the veteran/service/national guard member live in Massachusetts for at least 6 months before entering the service?

Yes No If no, list places and dates where veteran or member lived during the last 6 years or if deceased, the 6 years before death.

Address

Dates

Address	Dates
_____	_____
_____	_____
_____	_____

Continue list on attachment in same format as necessary.

Please answer the following questions

If yes to any of the next 4 questions and an exemption was granted previously, attach certificate only if disability rating is 70% - 100% or has changed.

Was the property the veteran's domicile as of July 1, 2025? Yes No

Does the veteran have 100% disability rating for service-connected blindness? Yes No

Does the veteran have a service-connected disability? Yes No

Has the veteran acquired "specially adapted housing"? Yes No

Is the veteran a paraplegic? Yes No

Answer the following 2 questions, if applicable.

Is the servicemember or national guard member missing in action and presumed dead? Yes No

Was the proximate cause of the veteran's, servicemember's or national guard member's death due to an active-duty injury or illness? 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, this return 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.



Town of Tyngsborough

Assessor's Office

25 Bryant Lane
Tyngsborough, MA 01879
(978) 649-2300 x 121

Chief Assessor

Lauren M. Woekel

Assistant Assessor

Evanne Foss

Board of Assessors

Ann Conant, Chair

Marie Lambert

George Gaynor

Veteran Exemption Requirements

Veteran must have at least 10% service-connected disability.

All first-time applicants must include a copy of the following **REQUIRED** documents:

1. **DD-214**
2. **VA Disability Rating Letter**

Please complete all sections of the application. Incomplete applications delay timely processing of your tax exemption.

Applications are due to the Assessor's Office no later than April 1.

NOTE: If you happen to sell your home after filing your application, please notify the Assessor's office of new mailing address to receive a refund, if exemption is granted.

If you have any questions, or require assistance with the form, please contact the office at 978-649-2300 x 121 or escott@tyngsboroughma.gov. Office hours are Monday 8:30 AM to 4:30 PM; Tuesday 8:30 AM to 4:30 PM; Wednesday 8:30 AM to 7:00 PM; Thursday 8:30 AM to 4:00 PM; Town Hall is closed on Fridays.