

**VETERAN PROPERTY TAX EXEMPTION  
FORM FOR COOPERATIVE HOUSING CORPORATION SHAREHOLDERS  
FOR WIDOWED SPOUSE, MINOR CHILD, OR WIDOWED PARENT**

36 M.R.S. § 653

*Please refer to Bulletin #7 for additional information – this application is confidential.*

File this application with the cooperative housing corporation in which you are a shareholder.  
Do not file this application directly with your municipality.

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**Information Relating to the Applicant Spouse, Child or Parent**

1. Name: \_\_\_\_\_ 2. Telephone: \_\_\_\_\_  
3. Mailing address: \_\_\_\_\_  
4. Legal residence: \_\_\_\_\_ 5. Date of birth: \_\_\_\_\_  
6. Check the applicable boxes:

I receive compensation from the U.S. Government as the unremarried widowed spouse, the minor child, or unremarried widowed parent of a veteran.

Relationship to veteran:  Widow  Widower  Minor Child  Widowed Father  Widowed Mother.

I am the beneficiary of a revocable living trust that held the property for which I claim exemption.

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**Information Relating to the Deceased Veteran**

7. Name of veteran: \_\_\_\_\_ 8. Date of birth \_\_\_\_\_  
9. Date of entry into armed forces: \_\_\_\_\_ 10. Date of discharge/retirement: \_\_\_\_\_  
11. Legal residence as of date on line 9: \_\_\_\_\_  
12. Service Number/SSN: \_\_\_\_\_ 13. Date of death: \_\_\_\_\_  
14. VA disability pension claim No: C- \_\_\_\_\_  
15. Check the applicable boxes:

The veteran's death was service connected.

The veteran, as of the date on line 14, received compensation based on 100% Disability.

The veteran received a grant from the U.S. Government for specially adapted housing as a paraplegic.

*I hereby apply for exemption from local property taxation in accordance with 36 M.R.S. § 653. No property on which exemption may be claimed under this section has been conveyed to me for the purpose of obtaining an exemption. The answers to the above questions are correct to the best of my knowledge and belief.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed forms must be filed with your local cooperative housing corporation along with satisfactory evidence to show exemption eligibility.** Your cooperative housing corporation must file for the veteran exemption with the municipal assessor no later than April 1. This form will be included with the cooperative housing corporation's Veteran Exemption application which must be filed by April 1. Forms filed after April 1 of any year will be applied to the subsequent year tax assessment.

**FOR ASSESSOR USE ONLY - CERTIFICATE OF APPROVAL OF SHAREHOLDER'S EXEMPT STATUS**

The cooperative housing corporation is eligible for the following aggregate exemption amount:

- \$6,000 Post W.W.I       \$7,000 W.W.I       \$50,000 Paraplegic

In determining the local assessed value of the exemption, the assessor shall multiply the amount of the exemption by the ratio of current just value upon which the assessment is based.

Date approved: \_\_\_\_\_ Effective date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_