	PROPERTY TAX EXEMPT For a cooperative housing corpor a surviving spouse, parent, or minor 36 M.R.S. § 653 and Propert Information in completed applica	ation shareholder who is child of a deceased veteran. y Tax Bulletin No. 7
	must file this application, including all required attachment h you are a shareholder.	s, with the cooperative housing corporation in
1.	Name of surviving applicant:	2. Telephone:
3.	Mailing address:	
4.	Legal residence:	5. Date of birth:
6.	Check the applicable boxes:	
	<ul> <li>I receive compensation from the U.S. Government of a minor child, or unremarried widowed parent of a Relationship to deceased veteran:</li> <li>Widow I Widower I Minor Child I Widower</li> <li>I am the beneficiary of a revocable living trust that</li> </ul>	veteran. owed Father D Widowed Mother
	Information Relating to the	Deceased Veteran
7.	Name of veteran:	8. Date of birth
9.	Date of entry into armed forces: 1	0. 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.

DECLARATION(S) UNDER THE PENALTIES OF PERJURY. I declare that I have examined this return/report/document and (if applicable) accompanying schedules and statements and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of applicant: \_\_\_\_\_Date: \_\_\_\_Email: \_\_\_\_\_

Completed forms must be filed with your local cooperative housing corporation along with sufficient
evidence to show exemption eligibility. This form will be included with the cooperative housing corporation's
veteran exemption application which must be filed by April 1 of the tax year for which the exemption is first
requested. 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 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 must multiply the amount of the exemption by the certified ratio.

Date approved:	Effective date:
Approved by:	Title:

PTF-653-2b

Rev 7/22