

TOWN OF WAKEFIELD VETERAN EXEMPTION FORM



NAME OF RECORD OWNER _____

NAME OF APPLICANT _____

LOCATION OF PROPERTY _____

The following information is required to determine the applicant's eligibility for exemption under the provisions of Chapter 59, Section 5, Clause 22E. All questions must be answered accurately and in detail.

1. Were you employed by others at any time during the year prior to filing this application for exemption?

If answer is **NO**, indicate _____

If answer is yes, please complete the following:

A. **NAME OF EMPLOYER** _____

ADDRESS OF EMPLOYER _____

B. **DATES OF EMPLOYMENT** _____

C. **RATE OF WAGE OR SALARY RECEIVED** _____

C. **IRS RETURN FOR PRIOR YEAR** _____

2. Were you self-employed during the year prior to filing application for exemption?

If answer is **NO**, indicate _____

If answer is yes, please complete the following:

A. **KIND OF WORK** _____

B. **DATES WORKED** _____

C. **TOTAL EARNINGS** _____

D. **IRS RETURN FOR PRIOR YEAR** _____

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Signing this form under the penalties of perjury has the legal effect of swearing under oath to the truthfulness of the information contained herein. Intentional misrepresentation of facts in this application may result in denial of this exemption.

SUBSCRIBED THIS _____ **DAY OF** _____, _____, **UNDER PENALTY OF PERJURY**

SIGNATURE OF RECORD OWNER _____

SIGNATURE OF APPLICANT (if other than owner) _____

ADDRESS OF APPLICANT _____