



FY 2024
 July 1, 2023 – June 30, 2024
 General Laws Ch. 59, § 5,
Veterans Clause 22A, B, C, D
And Paraplegic

BOARD OF ASSESSORS City of Brockton City Hall Brockton, MA 02301 508-580-7194
--

Name: _____
 Address: _____
 Phone #: _____
 Parcel Id: _____

Property upon which exemption is claimed:

Telephone: _____ Date of Birth ____/____/____ Marital Status _____

Please correct any pre-printed or missing information

- Indicate status: a. Qualified veteran
 b. Surviving spouse of a qualified veteran. Date of veteran's death: ____/____/____
 c. Mother/Father of soldier or sailor who lost life in service

Did you own and occupy the above property as your primary residence as of July 1, 2023? Yes No

Is the property subject to a trust as of July 1, 2023? Yes No
If Yes; provide a copy of the "Schedule of Beneficiaries from the trust documents."

Is your primary residence larger than a single-family? Yes No
 If Yes; indicate the number of units _____

Has your marital status changed in the past year? Yes No
 If Yes, indicate your current status _____

A copy of your VA Benefits letter dated no later than July 1st, 2023 must accompany this application.

If a **recent** widow(er); of a qualified veteran, please provide a copy of your spouse's death certificate must be with this application.

I have read this return. Under the pains and penalties of perjury I declare that to the best of my knowledge and belief, the return is true, correct and complete.

 Signature

 Date

Mail this return to: Board of Assessors, City Hall, Brockton, MA 02301

OFFICE USE ONLY

Year	Abate#	Bill#	Amt. Exempted	Ownership%	Occupancy
2024					