



**FY 2024**  
 (July 1, 2023 – June 30, 2024)  
 General Laws Ch. 59, § 5  
**Veterans Clause 22 E**

<b>BOARD OF ASSESSORS</b> City of Brockton City Hall Brockton, MA 02301 508-580-7194
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parcel Id: \_\_\_\_\_

**Property upon which this exemption is claimed:**

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status \_\_\_\_\_

Indicate status:  Qualified veteran

Surviving spouse of qualified veteran. Date of veteran's death: \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_\_

As a veteran, was your disability rating changed by the Veterans' Administration in the past year?  Yes  No

Current disability percentage \_\_\_\_\_%

**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 spouses death certificate .**

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					