



**FY 2022**  
 (July 1, 2021– June 30, 2022)  
 General Laws Ch. 59, § 5  
**Veterans Clause 22**

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 \_\_\_\_\_

Indicate status: a.  Qualified veteran

b.  Surviving spouse of 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, 2021?

Yes

No

Is the property subject to a trust as of July 1, 2021?

Yes

No

**If Yes; provide a copy of the "Schedule of Beneficiaries" from the trust documents.**

Has your marital status changed in the past year?

Yes

No

If yes, indicate your current marital status: \_\_\_\_\_

As a veteran, was your disability rating changed by the Veterans' Administration in the past year?

Yes

No

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

**If you are now entitled to 100% disability, a copy of your VA Benefits letter dated no later than July 1<sup>st</sup> 2021 must accompany this application.**

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

I have read this return. Under the pains and penalties of perjury I declare 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
2022					