TOWN OF CHARLESTOWN
VETERAN'S EXEMPTION APPLICATION

APPLICATIONS MUST BE FILED BEFORE JANUARY 31ST TO RECEIVE EXEMPTION ON NEXT TAX BILL

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FOR TAX ASSESSOR'S OFFICE USE ONLY: FILED IN BOOK _____ PAGE _____

ACCOUNT NO. _____ PLAT _____ LOT _____ PROPERTY LOCATION _____

_____ VETERAN-QUALIFIED SERVICE DATES _____VETERAN-NON-QUALIFIED SERVICE DATES

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DATE: _____/_____/_____

VETERAN'S NAME _____SPOUSE _____

MAILING ADDRESS _____

911 ADDRESS _____

PREVIOUS ADDRESS _____

ARE YOU: LEGAL RESIDENT OF RHODE ISLAND? YES _____ NO _____

LEGAL RESIDENT OF CHARLESTOWN? YES _____ NO _____

PROOF DOCUMENT _____

REGISTERED TO VOTE IN TOWN OF CHARLESTOWN? YES _____ NO _____

HAVE YOU FILED FOR A VETERAN'S EXEMPTION ELSEWHERE? YES _____ NO _____

IF 'YES', WHERE? _____

BRANCH OF SERVICE _____ SERIAL NUMBER _____

DATE OF ENTRY _____ DATE OF DISCHARGE _____

PLEASE CHECK EXEMPTION YOU ARE APPLYING FOR:

_____ VETERAN _____ WIDOW/WIDOWER OF VETERAN (MUST NOT BE RE-MARRIED)

_____ GOLD STAR PARENT _____ PRISONER OF WAR

_____ 100% SERVICE-CONNECTED DISABLED _____SPECIALLY ADAPTED HOUSING

YOU NEED TO PROVIDE:

- A COPY VETERAN'S DISCHARGE PAPER (DD214) FOR THE VETERAN'S EXEMPTION
- DEATH CERTIFICATE OF VETERAN, IF WIDOW/WIDOWER
- V A DISABILITY DOCUMENTATION-100% DISABLED
- V A CERTIFICATION OF PRISONER OF WAR

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

_____ _____

SIGNATURE: *(OF EXEMPTION RECIPIENT)* PHONE NUMBER

_____ DATE _____/_____/_____NOTARY PUBLIC