



## CITY OF SOMERVILLE, MASSACHUSETTS BOARD OF ASSESSORS

### **22, 22A-F VETERANS EXEMPTION INSTRUCTIONS FISCAL YEAR 2027**

Dear Taxpayer:

The Board of Assessors will again be accepting applications for statutory exemptions for the current fiscal year 2027.

#### **Before you get started, we would like to inform you about the requirements:**

- You must own and occupy your home.
- You need to be a Mass resident 6 months prior to service or have 5 years Mass residency prior July 1, 2026.
- Certification of a service-connected disability or death from the U.S. Department of Veterans Affairs (in most cases you need an annual VA letter);

Disabilities and potential exemption amount you can find per clause letter in overview:

Clause	Service-related disability:	EXEMPTION AMOUNT
Veterans 22	10% disability or purple heart	\$411
Veterans 22A	loss (or loss of use) of one foot/hand/eye or received honor	\$770
Veterans 22B	loss of 2 limbs or both eyes	\$1284
Veterans 22C	Disability requires special adapted housing	\$1541
Veterans 22D	Death of veteran due to combat, or combat injury/disease, or MIA	100% of RE taxes
Veterans 22E	100% disability	\$1027
Veterans 22F	Paraplegic & 100% blindness	100% of RE taxes

When filing your veteran exemption please bring a completed and signed 22 Veteran exemption application, and a copy of VA letter determining percentage of service-connected disability.

The Board of Assessors can only consider timely filed applications. **Applications must be filed with the Board of Assessors by Thursday April 1, 2027, 7:30 pm.** Please note that the Assessor's office will not consider or hold incomplete applications.

If you have any questions, please visit us at City Hall: Monday-Wednesday 8:30am - 4:30pm, Thursday 8:30am – 7:30 pm, and Friday 8:30am – 12:30 pm. You can also contact the Assessor's office at 617-625-6600 ext. 3100 or email us at [assessing@somervillema.gov](mailto:assessing@somervillema.gov)

With kind regards,

Assessor's office

22
Assessors' Use only
Date Received
Application No.
Parcel Id.

\_\_\_\_\_  
Name of City or Town

**VETERAN**  
**FISCAL YEAR \_\_\_\_\_ APPLICATION FOR STATUTORY EXEMPTION**  
**General Laws Chapter 59, § 5**

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION  
(See General Laws Chapter 59, § 60)

--	--

**Return to: Board of Assessors**

Must be filed with assessors on or before April 1, or  
3 months after actual (**not** preliminary) tax bills are  
mailed for fiscal year if later.

**INSTRUCTIONS:** Complete the following. Please print or type.

**A. IDENTIFICATION.** Complete this section fully.

Name of Applicant _____	
Telephone Number _____	Marital Status _____
Legal Residence (Domicile) on July 1, _____	Mailing Address (If different) _____
No. _____ Street _____ City/Town _____ Zip Code _____	
Location of Property: _____	No. of Dwelling Units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____
Did you own the property on July 1, _____? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, were you: Sole Owner <input type="checkbox"/> Co-owner with Spouse Only <input type="checkbox"/> Co-owner with Others <input type="checkbox"/>	
Was the property subject to a trust as of July 1, _____? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please attach trust instrument including all schedules.	
Have you been granted any exemption in any other city or town (MA or other) for this year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, name of city or town _____ Amount exempted \$ _____	

**DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)**

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed Tax \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Exempted Tax \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted Tax \$ _____
Board of Assessors		
Date Voted/Deemed Denied _____	_____	_____
Certificate No. _____	_____	_____
Date Cert./Notice Sent _____	_____	_____
Exemption: Clause _____	Date: _____	_____

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

**B. EXEMPTION STATUS.** Check the status that applies to you and complete the questions that follow.

**VETERAN**

**VETERAN'S SPOUSE**

Veteran's Name \_\_\_\_\_

Was the property the veteran's domicile as of July 1, \_\_\_\_\_?

Yes  No

If no, where does the veteran reside? \_\_\_\_\_

**VETERAN'S/SERVICEMEMBER'S/ NATIONAL GUARD MEMBER'S SURVIVING SPOUSE or SERVICEMEMBER'S SURVIVING PARENT**

Deceased Veteran's/Servicemember's/National Guard member's Name \_\_\_\_\_

If first year of application, attach copy of death certificate.

If you are surviving spouse, have you remarried? Yes  No

Date Enlisted/Inducted \_\_\_\_\_

Date Discharged \_\_\_\_\_

Type of Discharge \_\_\_\_\_

If first year of application, attach copy of discharge papers.

Military Decorations or Awards \_\_\_\_\_

Did the veteran/service/national guard member live in Massachusetts for at least 6 months before entering the service?

Yes  No  If no, list places and dates where veteran or member lived during the last 6 years or if deceased, the 6 years before death (2 years if local option adopted - See Assessors)

Address

Dates

Address	Dates
_____	_____
_____	_____
_____	_____

Continue list on attachment in same format as necessary.

If yes to any of the next 2 questions and if first year of application, (1) attach documentation from U.S. Dept. of Veterans Affairs, branch of service and (2) list above places and dates where surviving spouse has lived during the last 6 years (2 years if local option adopted - See Assessors)

Is the servicemember or national guard member missing in action and presumed dead? Yes  No

Was the proximate cause of the veteran's, servicemember's or national guard member's death due to an active duty injury or illness? Yes  No

If yes to next question and first year of application, attach Certificate of Disability from U.S. Dept. of Veterans Affairs or branch of service.

Does the veteran have a 100% disability rating for service-connected blindness? Yes  No

If yes to any of the next 3 questions and

If first year of application, attach Certificate of Disability from U.S. Dept. of Veterans Affairs or branch of service.

If exemption granted previously, attach certificate only if disability rating is 100% or has changed.

Does the veteran have a service-connected disability? Yes  No

Has the veteran acquired "specially adapted housing?" Yes  No

Is the veteran a paraplegic? Yes  No

**GO ON TO SECTION C**

**C. SIGNATURE.** Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this return and all accompanying documents and statements are true, correct and complete.

Signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.

---

---

## TAXPAYER INFORMATION ABOUT PERSONAL EXEMPTIONS

**PERSONAL EXEMPTIONS.** You may be eligible to reduce all or a portion of the taxes assessed on your domicile if you meet the qualifications for one of the personal exemptions allowed under Massachusetts law. Qualifications vary, but generally relate to age, ownership, residency, disability, income or assets.

You may be eligible for an exemption if you fall into any of these categories:

- Legally blind person
- Veteran with a service-connected disability
- Surviving spouse of servicemember, national guard member or veteran who died from active duty injury or illness
- Surviving spouse
- Minor child of a deceased parent
- Senior citizen age 70 and older (65 and older by local option)

More detailed information about the qualifications for each exemption may be obtained from your board of assessors.

**WHO MAY FILE AN APPLICATION.** You may file an application if you meet all qualifications for a personal exemption as of July 1. You may also apply if you are the personal representative of the estate, or trustee under the will, of a person who qualified for a personal exemption on July 1.

**WHEN AND WHERE APPLICATION MUST BE FILED.** Your application must be filed with the assessors on or before April 1, or 3 months after the actual bills were mailed for the fiscal year, whichever is later. An application is filed when (1) received by the assessors on or before the filing deadline, or (2) mailed by United States mail, first class postage prepaid, to the proper address of the assessors, on or before the filing deadline, as shown by a postmark made by the United States Postal Service. **THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, YOU LOSE ALL RIGHTS TO AN EXEMPTION AND THE ASSESSORS CANNOT BY LAW GRANT YOU ONE.**

**PAYMENT OF TAX.** Filing an application does not stay the collection of your taxes. In some cases, you must pay all preliminary and actual installments of the tax when due to appeal the assessors' disposition of your application. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. If an exemption is granted and you have already paid the entire year's tax as exempted, you will receive a refund of any overpayment.

**ASSESSORS DISPOSITION.** Upon applying for an exemption, you may be required to provide the assessors with further information and supporting documentation to establish your eligibility. The assessors have 3 months from the date your application is filed to act on it unless you agree in writing before that period expires to extend it for a specific time. If the assessors do not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether an exemption has been granted or denied.

**APPEAL.** You may appeal the disposition of your application to the Appellate Tax Board, or if applicable, the County Commissioners. The appeal must be filed within 3 months of the date the assessors acted on your application, or the date your application was deemed denied, whichever is applicable. The disposition notice will provide you with further information about the appeal procedure and deadline.

---

---