

Initial tax year applying for: _____

**APPLICATION FOR CERTAIN DISABLED VETERAN'S
TAX CREDIT**

TO: Board of Selectmen/Assessor, Town of Exeter

Name(s) of Applicant(s) _____

Location of Property: _____

Telephone Number _____

MAP # _____ LOT # _____ UNIT # _____

Please include a copy of your DD214 discharge papers or qualifying discharge papers, and documentation from Veteran's Administration certifying total permanent disability and homestead was acquired with the assistance of the Veterans Administration.

Signature(s) of Applicant(s) _____

Mailing Address: _____

Disposition of Application (for Selectmen/Assessor use)

Granted _____ Denied _____ Credit Allowed \$ _____

Signature of Assessor

Date

(Signatures of Selectmen/Assessor)