

Initial tax year applying for: \_\_\_\_\_

**APPLICATION FOR VETERAN'S  
TAX CREDIT Service-Connected Total Disability**

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 certification from the United States Department of Veterans' Affairs that the applicant is rated totally and permanently disabled from service connection.**

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)

Initial tax year applying for: \_\_\_\_\_