

APPLICATION FOR LOCAL OPTION ADDITIONAL VETERAN'S EXEMPTION

FILE BIENNIALLY
FILING PERIOD – FEB 1st through OCT 1st

1. NAME (Last) _____ (First) _____ (Middle Initial) _____	Your Date of Birth (m, d, yr) / /	Your Social Security No. - -
2. SPOUSE'S NAME (Last) _____ (First) _____ (Middle Initial) _____	Spouse Date of Birth (m, d, yr) / /	Spouse Social Security No. - -
3. PROPERTY LOCATION (No. and Street) _____	CITY OR TOWN (Don't Abbreviate) _____	STATE _____ ZIP CODE _____
MAILING ADDRESS (No. and Street) _____	CITY OR TOWN _____	STATE _____ ZIP CODE _____
4. MARITAL STATUS (Check One Only) <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED (Single, Divorced, Widow/Widower, Legally Separated)		
5. QUALIFYING INCOME (Income from all sources for the last calendar year):		
<u>NOTE: VETERAN'S DISABILITY PAYMENTS ARE NOT CONSIDERED INCOME FOR THIS PROGRAM</u>		
A. GROSS INCOME – Examples: Wages, Bonuses, Commissions, Fees, Gratuities, Payment for Jury Duty (excluding travel allowance), Lottery winnings, Taxable portion of Annuities and Pensions (including Veteran's), Taxable portion of IRA's, Interest, Dividends, Net rent or proceeds from sales of property, etc. If you are required to file a Federal Income Tax Return, enter the amount of Adjusted Gross Income, plus any other income and attach a copy of the return to this application.		A. \$ _____
B. NON-TAXABLE INTEREST – Example: Interest from Tax Exempt Government Bonds		B. \$ _____
C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME: (Gross amount) <i>Exclude only if 100% disabled by the United States Department of Veterans Affairs</i>		C. \$ _____
D. ANY OTHER INCOME NOT REFLECTED IN THE ABOVE – Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, and any other income not listed above.		D. \$ _____
E. TOTAL – Add lines 5A through 5D		E. \$ _____
6. Are you presently receiving a 100% disability rating from the U.S. Department of Veterans Affairs? <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. APPLICANT'S AFFIDAVIT - The Applicant herein claims a property tax exemption under provisions of the General Statutes, deposes that the above statements are true and complete and that he/she is not receiving a State exemption in accordance with Section 12-81g in any other town or city. The signature below indicates that this affidavit has been read and understood.		
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT	Date Signed (m, d, yr)	Applicant or Agent Phone # Agent's Relationship
STOP! DO NOT WRITE BELOW THIS LINE – FOR ASSESSOR'S USE ONLY		
8. The Applicant is receiving the following veteran's exemption ("A" code):		\$ _____
9. Additional exemption allowed ("B" code): (If less than full exemption used, note full exemption here \$ _____)		\$ _____
10. Additional exemption allowed – Public Act 13-224 Municipal Option: (If less than full exemption used, note full exemption here \$ _____)		\$ _____
11. Exemption applied to: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Property <input type="checkbox"/> Supplemental Motor Vehicle		
ASSESSOR'S AFFIDAVIT: _____ I am satisfied that the above named applicant meets all the necessary statutory requirements. _____ This claim is disallowed for the following reason: _____		
SIGNATURE OF ASSESSOR OR MEMBER OF THE ASSESSOR'S STAFF		Date Signed