

List: _____



CITY OF STAMFORD
Ordinance #1030 – Supplemental
P.A. 03 – 44

Additional Veterans Exemptions From Property Taxes

Filing Date: On or Before October 1st Each Year

1. NAME (Last) _____ <small>(First) (Middle Initial)</small>		Birthdate (mm/dd/yyyy)	YOUR SOCIAL SECURITY NO
2. SPOUSE'S NAME (Last) _____ <small>(First) (Middle Initial)</small>		Sp. Birthdate (mm/dd/yyyy)	SPOUSE'S SOCIAL SECURITY NO
3. MAILING ADDRESS (No. and Street)	CITY OR TOWN (Don't Abbreviate) Stamford	STATE CT	ZIP CODE
. MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED (Single, Divorced, Widow/Widower, or Legally Separated)			
CURRENTLY RECEIVING EXEMPTION ON: <input type="checkbox"/> REAL ESTATE <input type="checkbox"/> MOTOR VEHICLE OR PERSONAL PROPERTY			

FULL EXEMPTION §12-81(21).

Applicant applying for FULL EXEMPTION – SEC 801, TITLE 38 of the United States Code MUST SUBMIT PROOF FROM THE VETERANS ADMINISTRATION. A copy must be attached to the application.

5. QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDAR YEAR):

a. GROSS INCOME - Examples: Wages, Bonuses, Commissions, Fees, Gratuities, Payment for Jury Duty (excluding travel allowance), Lottery Winnings, Taxable portion of Annuities and Pensions, 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 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) c.\$ _____

d. ANY INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income (SSI), State of Connecticut public assistance payments, General Assistance, Veterans Disability, and any other income not listed above. d.\$ _____

e. TOTAL Add lines 5a through 5d E.\$ _____

APPLICANT'S OR AUTHORIZED AGENT'S AFFIDAVIT

*The applicant or authorized agent deposes that the above statements are true and complete.
Your signature signifies that this affidavit has been read and understood.*

SIGNATURE OF APPLICANT OR AGENT: X	NAME OF AUTHORIZED AGENT (print)
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STOP! DO NOT WRITE BELOW THIS LINE – FOR ASSESSOR'S USE ONLY!!

DATE APPLICATION RECEIVED: _____

EXEMPTION CGS 12-81 (19)	EXEMPTION ORD# 1030, PA 03-44	TOTAL EXEMPTION

FULLY EXEMPT §12-81(21)

12. EXEMPTION APPLIED TO: Real Estate Motor Vehicle Personal Property Supplemental Motor Vehicle

Account No: _____

13. **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 ASSESSOR'S STAFF	Date Signed (Mo/Day/Yr)
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