CITY OF STAMFORD

Application for wheelchair equipped Exemption from Personal Property Tax
Must be filed on or before November 1 of each assessment year to be eligible.

I hereby apply for Exemption of Personal Property Tax on Privately Owned Vehicles with wheelchair lift devices or other wheelchair adaptations per CGS §12-81c and City of Stamford Ordinance § 220-5.1

NAME (Last) (First) (Middle Initial)	**DATE OF BIRTH**	**SOC. SECURITY NUMBER**
MAILING ADDRESS (No. and Street)	**CITY, STATE**	**ZIP CODE**
Vehicle Information		**Date of Application**
Registered owner of vehicle: (name & address)	**Make/Model**	**YEAR**
VIN Number:	**Plate Number**	**DATE EQUIPPED** / /

Proof of Disability must accompany each application, along with initial documentation to show when the vehicle was equipped with wheelchair lift devices or other wheelchair adaptations for physically disabled drivers or passengers that are used primarily for the purpose of transporting any wheelchair-bound individual.

This exemption shall not apply to any vehicle used to transport physically disabled individuals for payment.

Certification

I certify under the penalties of false statement that I meet the requirements of the City of Stamford Ordinance §220-5.1 and am therefore entitled to the tax exemption provided for therein.

Signature of Applicant (or Agent)	**Agent's Name, Relationship, & Telephone number (printed)**

FOR ASSESSOR'S USE ONLY

☐ **Verification: Proof of Disability attached?** **(form TPQY from Social Security Office or SS1099 showing Medicare benefits deduction).**

☐ **Certification of wheelchair equipment installation attached?**

I, as Assessor for the City of Stamford, hereby approve the exemption for the vehicle named above which meets all of the qualifications outlined under City of Stamford Ordinance § 220-5.1

_____	_____	_____
Signature of Assessor	**Date**	**Grand List**