

STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT
APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION
FILE BIENNIALY
FILING PERIOD FEB 1 – OCT 1

GRAND LIST

1. NAME (Last)	(First)	(Middle Initial)	YOUR SOCIAL SECURITY NO.	
2. SPOUSE NAME (Last)	(First)	(Middle Initial)	SPOUSE'S SOCIAL SECURITY NO.	
3. Property Location (No. and Street)		CITY OR TOWN	STATE	ZIP CODE
MAILING ADDRESS (If different from above)		CITY OR TOWN	STATE	ZIP CODE
				TELEPHONE NUMBER

4. MARITAL STATUS: MARRIED UNMARRIED (Single, Divorced, Widow/Widower, or Legally Separated)

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, and any other income not listed above. d.\$ _____

NOTE: Veterans' Disability payments are not considered income for this program.

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

6. Are you presently receiving a 100% disability rating from the Veteran's Administration? Yes 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.
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SIGNATURE OF APPLICANT OR AUTHORIZED AGENT: X	DATE SIGNED (Mo/Day/Yr)
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STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY

8. THE APPLICANT IS RECEIVING THE FOLLOWING VETERANS EXEMPTION ("A" Code):
_____ Amount \$ _____

9. ADDITIONAL EXEMPTION ALLOWED ("B" Code): _____
(If less than full additional 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. Total All Exemptions: \$ _____

12. EXEMPTION APPLIED TO: Real Estate Motor Vehicle Personal Property Supplemental Motor
Account No: _____

13. ASSESSOR'S _____ I am satisfied that the above named applicant meets all the necessary statutory requirements
AFFIDAVIT _____ 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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