

TOWN OF MONTVILLE
APPLICATION FOR ADDITIONAL TAX EXEMPTION FOR BLIND PERSONS
FILE BIENNIALLY
FILING PERIOD JAN. 1 - SEPT. 30

1. NAME	(Last)	(First)	(Middle Initial)	Your Social Security Number
				- -
2. SPOUSE'S NAME	(Last)	(First)	(Middle Initial)	Spouse's Social Security Number
				- -
3. MAILING ADDRESS	(No. and Street)	(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 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 (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) c. \$ _____
- d. **ANY INCOME NOT REFLECTED IN THE ABOVE**- Examples: Federal Supplemental Security Income, State of Connecticut Public Assistance Payments, General Assistance, Veteran's Pension's, Veteran's Disability Payments, and any other income not listed above. d. \$ _____
- e. **TOTAL** Add lines 5a through 5d e. \$ _____

6. APPLICANT'S AFFADAVIT	The Applicant herein claims a property tax exemption under provisions of the Montville Ordinance Number O-M-2, as allowed by CGS §12-81j. The applicant deposes the above statements are true and complete. The signature below indicates that this affidavit has been read and understood.
---------------------------------	--

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT	Date signed (Mo, Day, Yr)
X	_____/_____/_____

DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY

8. ADDITIONAL EXEMPTION ALLOWED: \$ _____
 (If less than full additional exemption used, NOTE AMOUNT USED HERE \$ _____)

9. EXEMPTION APPLIED TO: _____ R.E. _____ M.V. _____ P.P. _____ M.V.S.

ACCOUNT NUMBER: _____

10. ASSESSOR'S AFFADAVIT	_____ 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)
X	_____/_____/_____