

TOWN OF MONTVILLE
APPLICATION FOR LOCAL OPTION ADDITIONAL VETERAN'S EXEMPTION
FILE BIENNIALLY
FILING PERIOD FEB.1 - OCT. 1

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. Are you presently receiving a 100% disability rating from the Veteran's Administration? _____ Yes _____ No

7. APPLICANT'S AFFADAVIT The Applicant herein claims a property tax exemption under provisions of the Montville Ordinance Number 2005-005, 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 affadavit 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	_____/_____/_____