STATE OF CONNECTICUT

GRAND LIST

OFFICE OF POLICY AND MANAGEMENT

APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION

			BIENNIALLY RIOD FEB. 1 – OCT. 1		
1. NAME (Last)		(First)	(Middle Initial)	YC	DUR SOCIAL SECURITY NO.
2. SPOUSES NAM	IE (Last)	(First)	(Middle Initial)	SP	OUSES SOCIAL SECURITY NO.
3. PROPERTY LOC	ATION (No. and Street)	CITY OR TOWN	STATE	ZIP CODE
MAILING ADDRE	ESS (If different from above	2)		TI	ELEPHONE NO.
4. MARITAL STAT	TUS: 🗆 MARRIED		ARRIED (Single, Divorced, V	Widow/Widow	ver, or Legally Separated)
5. QUALIFYING II	NCOME (INCOME FRC	MALL SOURCES FO	OR LAST CALENDAR YEAR	R):	
<u>N</u>	OTE: VETERANS' DISA	BILITY PAYMENTS A	ARE NOT CONSIDERED INC	COME FOR THIS	<u>S PROGRAM.</u>
(exclud Veterai	ling travel allowance), L n's), Taxable portion of 1	ottery winnings, Taxa IRA's, Interest, Divid	ssions, Fees, Gratuities, Payn able portion of Annuities and ends, Net rent or proceeds fr urn, enter the amount of Adj	d Pensions (inclu om sales of prop	iding perty, etc.
Plus a	ny other income and atta	ach a copy of the retur	rn 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) Exclude only if 100% disabled by the United States Department of Veterans Affairs.					<u>abled</u> c. \$
Ū.	, , , ,,		amples: Federal Supplemental S	Security Income,	
State of Con			istance, Veteran's Pensions, and		d. \$
income not	listed above.		e. TOTAL Add lines	s 5a through 5d	e. \$
6. Are you presen	tly receiving a 100% <u>dis</u>	ability rating from the	e U.S. Dept. of Veterans Affa	iirs?	🗌 Yes 🗌 No
7. APPLICANT'S AFFIDAVIT	statements are true and	d complete and that h		exemption in a	Statutes, deposes that the above coordance with Section 12-81g in nd understood.
	CANT OR AUTHORIZED AG	ENT			Date signed (Mo, Day, Yr)
X	STOP! D	O NOT WRITE	BELOW THIS LINE -	FOR ASSES	SSOR'S USE ONLY
8. THE APPLICANT	IS RECEIVING THE FOLI	OWING VETERAN'S I	EXEMPTION ("A" Code):	A	mount \$
	EMPTION ALLOWED ("B dditional exemption used,		ON here \$)	\$
	EMPTION ALLOWED: PU dditional exemption used,)	\$
11. EXEMPTION API	PLIED TO: 🗌 Real Estat	e 🗌 Motor Veh	icle 🗌 Personal Propert	y 🗌 Supp	lemental Motor Vehicles
12. ASSESSOR'S AFFIDAVIT			ed applicant meets all the no llowing reason:		
SIGNATURE OF	ASSESSOR OR MEMB	ER OF ASSESSOR'S	STAFF	Date s	igned (Mo.,Day,Yr.)
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