

**GRAND LIST**

**TOWN OF WATERFORD**  
**APPLICATION FOR LOCAL OPTION ADDITIONAL VETERAN'S EXEMPTION**  
**FILE BIENNIALLY**  
**FILING PERIOD FEB. 1 – OCT. 31**

1. NAME (Last) (First) (M.I.) YOUR SOCIAL SECURITY NO.

2. SPOUSE'S NAME (Last) (First) (M.I.) SPOUSE'S SOCIAL SECURITY NO.

3. MAILING ADDRESS (No. and Street) CITY OR TOWN (Don't Abbreviate) STATE ZIP TELEPHONE NO.

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 (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 Pensions, Veteran's Disability Payments, and any other income not listed above. d. \$ \_\_\_\_\_

e. TOTAL ADD LINES 5a THROUGH 5d TOTAL e. \$ \_\_\_\_\_

6. Are you presently receiving a disability rating from the Veteran's Administration ☐ No ☐ Yes if yes % \_\_\_\_\_

7. The Applicant herein claims a property tax exemption under provision 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, OR STATE. The signature below indicates that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

Date signed (mo, day, yr)

x

STOP! DO NOT WRITE BELOW THIS LINE – FOR ASSESSOR'S USE ONLY

8. INDICATE INCOME LEVEL USED ☐ DISABLED INCOME LEVEL \_\_\_\_\_ ☐ NOT DISABLED INCOME

9. THE APPLICANT IS RECEIVING THE FOLLOWING LOCAL VETERAN'S EXEMPTION: AMOUNT \$ \_\_\_\_\_

THE EXEMPTION IS BEING APPLIED TO: RE ☐ MV ☐ PP ☐ SUPMV ☐ LIST # \_\_\_\_\_

10. 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.)