



TOWN OF COLCHESTER
APPLICATION FOR COLCHESTER ADDITIONAL VETERAN'S EXEMPTION

FILE BIENNIALLY FILING
PERIOD FEB. 1 - OCT. 1

PLEASE PRINT OR TYPE

1. NAME (Last) (First) (Middle Initial) VETERAN'S SOCIAL SECURITY NO.
2. SPOUSE'S NAME (Last) (First) (Middle Initial) SPOUSE'S SOCIAL SECURITY NO.
3. MAILING ADDRESS (No. and Street) COLCHESTER, CT 06415 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, 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 (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.

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

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

8. THE APPLICANT IS RECEIVING THE FOLLOWING VETERAN'S EXEMPTION: Amount \$\_\_\_\_\_

9. INDICATE INCOME LEVEL USED: [ ] DISABLED INCOME LEVEL [ ] NOT DISABLED INCOME LEVEL

10. QUALIFYING INCOME (Use Line 5e, EXCEPT if the answer to line 6 is YES, use Line 5a) \$\_\_\_\_\_

11. LOCAL OPTION EXEMPTION AMOUNT: \$\_\_\_\_\_

12. EXEMPTION APPLIED TO: [ ] Real Estate [ ] Motor Vehicle [ ] Personal Property [ ] Supplemental Motor Vehicle
Account No: \_\_\_\_\_

13. ASSESSOR'S AFFIDAVIT \_\_\_ - 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.) \_\_\_/\_\_\_/\_\_\_

DISTRIBUTION: Original - Assessor COPY - Applicant