

List: _____



CITY OF STAMFORD
Ordinance #1030 – Supplemental
P.A. 03 – 44

Additional Veterans Exemptions From Property Taxes
File Biennially

Filing Date: On or Before October 1st

1. NAME (Last)	(First)	(Middle Initial)	Birthdate (mm/dd/yyyy)		YOUR SOCIAL SECURITY NO
2. SPOUSE'S NAME (Last)	(First)	(Middle Initial)	Sp. Birthdate (mm/dd/yyyy)		SPOUSE'S SOCIAL SECURITY NO
3. Property Location (No. and Street)		CITY OR TOWN	STATE		ZIP CODE
MAILING ADDRESS (If different from above)		CITY OR TOWN	STATE	ZIP CODE	TELEPHONE NUMBER
4. MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED (Single, Divorced, Widow/Widower, or Legally Separated)					
CURRENTLY RECEIVING EXEMPTION ON: <input type="checkbox"/> REAL ESTATE <input type="checkbox"/> MOTOR VEHICLE OR PERSONAL PROPERTY					

FULL EXEMPTION §12-81(21).

Applicant applying for FULL EXEMPTION – SEC 801, TITLE 38 of the United States Code MUST SUBMIT PROOF FROM THE VETERANS ADMINISTRATION. A copy must be attached to the application.

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 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, Veterans Disability, and any other income not listed above.	d.\$ _____
e. TOTAL Add lines 5a through 5d	e.\$ _____

APPLICANT'S OR AUTHORIZED AGENT'S AFFIDAVIT

The applicant or authorized agent deposes that the above statements are true and complete. Your signature signifies that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AGENT: X	Date Signed	NAME OF AUTHORIZED AGENT (print)
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STOP! DO NOT WRITE BELOW THIS LINE – FOR ASSESSOR'S USE ONLY!!

"A"	"B" EXEMPTION CGS 12-81 (19)	"C"	"D" EXEMPTION ORD# 1030, PA 03-44	TOTAL EXEMPTION

FULLY EXEMPT §12-81(21)

6. EXEMPTION APPLIED TO:	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Supplemental Motor Vehicle
Account No:	_____			

7. **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)
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