PLEASE PRINT OR TYPE
M-59a Rev 12/07

STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT

_____ GRAND LIST

APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION

FILE BIENNIALLY
FILING PERIOD FEB. I - OCT. 1

1. NAME (Last) (First) (Middle Initial)	YOUR SOCIAL SECURITY NO. - -
2. SPOUSE'S NAME (Last) (First) (Middle Initial)	SPOUSE'S SOCIAL SECURITY NO. - -
3. MAILING ADDRESS (No. andStreet) CITY OR TOWN (Don't Abbreviate) STATE ZIP CODE	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. ADDITIONAL EXEMPTION ALLOWED:

(If less than full additional exemption used, NOTE FULL EXEMPTION here $ _____) $_____

12. EXEMPTION APPLIED TO: ☐ Real Estate ☐ Motor Vehicle ☐ Personal Property ☐ Supplemental Motor Vehicles

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 - OPM **COPY - Assessor** **COPY - Applicant**