

Town of Cromwell
Application for Additional Blind Exemption
File Annually
Filing Period February 1st – October 1st

_____ GRAND LIST

1. NAME (Last) (First) (Middle Initial)	YOUR Social Security # - -
2. SPOUSES NAME (Last) (First) (Middle Initial)	SPOUSES Social Security # - -
3. MAILING ADDRESS (No. And Street) TOWN, STATE, ZIP CODE	TELEPHONE # - -

4. MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, Widow/Widower, or Legally Separated)	
---	--

5. QUALIFYING INCOME (INCOME FROM ALL SOURCES For LAST CALENDAR YEAR):	
A. TAXABLE 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. \$ _____
TOTAL \$ _____	

6. 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	Date signed (Mo, Day, Yr) _____/_____/_____

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

7. 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) _____/_____/_____
---	--