

APPLICATION FOR ADDITIONAL BLIND EXEMPTION

FILE BIENNIALY

SS#

1. NAME (LAST) (FIRST) (MIDDLE)

SS#

2. SPOUSE'S NAME (LAST) (FIRST) (MIDDLE)

TEL#

3. MAILING ADDRESS (NO. STREET, TOWN, STATE, ZIP, CODE)

4. MARITAL STATUS:

MARRIED

UNMARRIED (SINGLE, DIVORCE, WIDOW/WIDOWER, OR LEGALLY SEPARATED)

5. QUALIFYING INCOME (INCOME FROM ALL SOURCES DURING THE PRECEDING CALENDAR YEAR):

a. TAXABLE INCOME- Source Examples: Wages, Bonuses; Commissions; Fees; Gratuities; Payment for jury duty (excluding travel allowance); Lottery Winnings; Taxable portion of pensions; Annuities; Interest, and 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. a. \$

b. NON-TAXABLE INTEREST - Source examples: Interest from tax exempt Government Bonds or All saver Certificates. b. \$

c. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME. c. \$

d. ANY INCOME NOT REFLECTED IN THE ABOVE - Source examples: Federal Supplemental Security Income; Non-taxable portion of Pensions; Excludable portion of dividends per I.R.S.; Income maintenance; Veteran's pension, Veteran's disability payments, etc. d. \$

e. SUBTOTAL (Add lines 5b thru fd) e. \$

f. TOTAL (Add lines 5a and 5e) f. \$

6. Are you presently receiving a blind exemption under 12-81 (17)  yes  no

7. APPLICANTS AFFIDAVIT The Applicant herein claims a property tax exemption under provisions of the General Statutes, Deposits that in the above statements are true and complete. The signature below indicates that this affidavit has been read and understood.

SIGNATURE OF APPLICANT DATE SIGNED

-BELOW THIS LINE-FOR ASSESSOR'S USE ONLY-

8. indicate income level used:  MARRIED  UNMARRIED

9. Qualifying Income (use line 5f EXCEPT if the answer to line 6 is YES, use Line 5a) \$

Additional exemption allowed:

10. (if less than full add'l exemption used, note here \$ ) \$

11. Exemption Applied To:  Real Estate  Motor Vehicle  Personal Property  Supplement Motor Vehicles

Account No:

13. ASSESSOR'S AFFIDAVIT  I AM SATISFIED THAT THE ABOVE NAMED APPLICANT MEETS ALL THE NECESSARY STATUTORY REQUIREMENTS

THE CLAIM IS DISALLOWED FOR THE FOLLOWING REASON:

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF

DATE SIGNED