PLEASE PRINT OR TYPE
M-59 Rev 10/03

STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT

_____ GRAND LIST

APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION

FILE BIENNIALLY
FILING PERIOD FEB. 1 – OCT. 1

1. NAME (Last)	(First)	(Middle Initial)	YOUR SOCIAL SECURITY NO. - -
2. SPOUSES NAME (Last)	(First)	(Middle Initial)	SPOUSES SOCIAL SECURITY NO. - -
3. MAILING ADDRESS (No. and Street)	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 (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. $_____.___

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: Part 1 (White) - OPM Part 2 (Canary) - Assessor Part 3 (Pink) - Applicant