

List: \_\_\_\_\_



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

Additional Veterans Exemptions From Property Taxes

**Filing Date: On or Before October 1<sup>st</sup> Each Year**

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: <b>X</b>	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 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) _____
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