



TOWN OF WETHERSFIELD
APPLICATION FOR ADDITIONAL EXEMPTIONS

FILING PERIOD: FEB 1 to OCT 1

[] MARRIED

[] UNMARRIED

NAME DATE OF BIRTH SOC. SEC. #

SPOUSE NAME DATE OF BIRTH SOC. SEC. #

ADDRESS

CITY, STATE, ZIP PHONE

DID YOU FILE A FEDERAL INCOME TAX RETURN? [] YES [] NO

DO YOU SHARE OWNERSHIP OF THE PROPERTY? [] YES [] NO IF YES, NAME

INCOME RECEIVED DURING THE 2019 CALENDAR YEAR

- a. TAXABLE INCOME - Examples: Wages, bonuses, commission, fees, lottery winnings...
b. NON-TAXABLE INTEREST - Example: Interest from tax-exempt government bonds.
c. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME
d. ANY INCOME NOT REFLECTED IN ABOVE - Examples: supplemental Social Security Income...
e. TOTAL lines a. through d.

Are you presently receiving a 100% disability rating from the Veteran's Administration? [] YES [] NO

Table with 4 columns: APPLICANT'S AFFIDAVIT, SIGNATURE OF APPLICANT OR AGENT, RELATIONSHIP OF AGENT, DATE. Includes text: The Applicant deposes that the above statements are true and complete...

STOP!! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR USE ONLY

Applicant is receiving the following exemptions:
VETERANS \$ DISABLED VETERAN \$ TOTAL DISABILITY \$ BLIND \$
or surv, spouse or surv. Spouse

Indicate Income Level Used: \$ Qualifying Income (line e. above): \$

Additional Exemption(s) Allowed: VETERAN \$ TOTAL DISABILITY \$ BLIND \$
or surv, spouse CODE: CODE: CODE:

TOTAL Additional Exemptions Allowed: TOTAL \$

Exemption Applied to: [] RE# [] MV# [] PP [] Supp MV#

Table with 2 columns: ASSESSOR'S AFFIDAVIT, SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR STAFF, DATE. Includes text: I AM SATISFIED THAT THE ABOVE NAMED APPLICANT MEETS ALL STATUTORY REQUIREMENTS...