



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 2020 CALENDAR YEAR

- a. TAXABLE INCOME - Examples: Wages, bonuses, commission, fees, lottery winnings taxable portion of annuities & pensions (incl. veteran's), interest, dividends, net rent or proceeds from sale of property, etc. If you are required to file a Federal Income Tax return, enter the amount of gross income and attach a copy of the return to this certificate. a.
b. NON-TAXABLE INTEREST - Example: Interest from tax-exempt government bonds. b.
c. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME c.
d. ANY INCOME NOT REFLECTED IN ABOVE - Examples: supplemental Social Security Income, public assistance payments, excludable portion of dividends per IRS, etc. Other income, specify: d.
e. TOTAL lines a. through d. e.

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 and claims a property tax exemption under provisions of the General Statutes, and that he/she is not receiving a State exemption in accordance with Public Act 85-573 in any other Town or City. The signature below indicates that this affidavit has been read and understood.

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 THE CLAIM IS DISALLOWED FOR THE FOLLOWING REASON: