**2025 GRAND LIST**

**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 2024 CALENDAR YEAR**

1. **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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **NON-TAXABLE INTEREST – Example: Interest from tax-exempt government bonds. b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME c.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **ANY INCOME NOT REFLECTED IN ABOVE - Examples: supplemental Social Security d.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Income, public assistance payments, excludable portion of dividends per IRS, etc.**

**Other income, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **TOTAL lines a. through d. e.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you presently receiving a 100% disability rating from the Veteran’s Administration? □YES □NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT’S**  **AFFIDAVIT** | **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.** | | |
| **SIGNATURE OF APPLICANT OR AGENT** | **RELATIONSHIP OF AGENT** | **DATE** |

**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#\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **ASSESSOR’S**  **AFFIDAVIT** | **\_\_\_ I AM SATISFIED THAT THE ABOVE NAMED APPLICANT MEETS ALL STATUTORY REQUIREMENTS**  **\_\_\_ THE CLAIM IS DISALLOWED FOR THE FOLLOWING REASON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR STAFF** | **DATE** |