## **PLEASE PRINT OR TYPE**

M-59a Rev. 12/07

## STATE OF CONNECTICUT OFFICE OF POLICY AND MANAGEMENT

## APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION

FILE BIENNIALLY

2024 GRAND LIST

FILING PERIOD: FEB. 1 - OCT. 1 2024

1.NAME (Last)		(First)	(Middle Initial)	YOUR BIRTH DATE	(Mo, Day, Yr)	YOUR SOCIAL SECURITY NO.	
				1	1		
2.SPOUSE'S NAM	E (Last)	(First)	(Middle Initial)	SPOUSE'S BIRTH DA	ATE (Mo, Day, Yr)	SPOUSE'S SOCIAL SECURITY NO.	
				1	1		
3.MAILING ADDI	RESS (No. and Street)	CITY OR TOWN	N (Don't Abbreviate)	STATE	ZIP CODE	TELEPHONE NO.	
4. MARITAL STA	TUS:  MARRIEI	`	LINIMADDIE	D (Single Divo	raad Widow/Wic	lower, or Legally Separated)	
	WAKKEL		ONMARKIE	D (Siligic, Divo	reca, widow/wid	lower, or Legally Separated)	
5. QUALIFYING I	NCOME (INCOME FROM ALI	L SOURCES FOR LAS	T CALENDAR YEAR:				
	NOTE: VETERANS' DISA	BILITY PAYMENTS	ARE NOT CONSIDE	RED INCOM	E FOR THIS P	ROGRAM.	
a.GROSS INCOMI	E - Example: Wages, Bonuses, C	Commissions, Fees, Gra	tuities, Payment for Jury	Duty (excludin	g travel		
allowance), Lotte	ery winnings, Taxable portion of	Annuities and Pensions	s (including Veteran's), T	axable poriton	_		
	t, Dividends, Net rent or proceed amount of Adjusted Gross Inco					A\$	
Return, enter the	amount of Adjusted Gross Incol	me plus any other incon	ne and attach a copy of the	ie return to this	аррисацоп.	A.\$	
b.NON-TAXABLE	INTEREST - Example: Interest	from Tax Exempt Gov	ernment Bonds			В\$	
- COCIAL SECUE	ITY OR RAILROAD RETIREN	MENT INCOME (CD)	OSS AMOUNT)			C\$	
C.SOCIAL SECUR	II I OK KAILKOAD KETIKEN	MENT INCOME - (GRO	DSS AMOUNT)				
d.ANY INCOME N	NOT REFLECTED IN THE ABO	OVE - Examples: Feder	al Supplemental Security	income,			
State of Connect	icut public assistance payments,	General Assistance, Ve	teran's Pensions, Veteran	n's		D\$	
Disability Payme	ents, and any other income not lis	sted above.					
				a TOTAL A	dd lines 5a throug	th 5d E.\$	
				e. IOIAL A	uu iiies ja iiiioug		
6. Are you presentl	v receiving a 100% disability rat	ing from the Veteran's A	Administration?				
6. Are you presently	y receiving a 100% disability rat	ing from the Veteran's A	Administration?		ES	NO	
6. Are you presently 7 APPLICANT'S	The Applicant herein cla	ims a property tax	exemption under p	rovisions of t	YES	NO No satutes, deposes that the above	
7	The Applicant herein cla statements are true and c	ims a property tax	exemption under p	rovisions of t	YES The General Stemption in according to the state of th	no No satutes, deposes that the above cordance with Section 12-81g i	
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