

**TOWN OF EAST HARTFORD**  
**ADDITIONAL VETERAN'S LOCAL OPTION**  
**APPLICATION FOR EXEMPTION**  
**FILE BIENNIALLY**  
**FILING PERIOD: FEBRUARY 1 - OCTOBER 1, 2024**

**2024 GRAND LIST**

Application period: 2024-2025

<b>1.NAME</b> (Last)	(First)	(Middle Initial)	YOUR BIRTH DATE (Mo, Day, Yr)	YOUR SOCIAL SECURITY NO.
			/ /	- -
<b>2.SPOUSE'S NAME</b> (Last)	(First)	(Middle Initial)	SPOUSE'S BIRTH DATE (Mo, Day, Yr)	SPOUSE'S SOCIAL SECURITY NO.
			/ /	- -
<b>3.MAILING ADDRESS</b> (No. and Street)	CITY OR TOWN (Don't Abbreviate)		STATE	ZIP CODE
			TELEPHONE NO.	

**4. MARITAL STATUS:**    ☐ **MARRIED**    ☐ **UNMARRIED** (SINGLE, DIVORCED, WIDOW/WIDOWER, OR LEGALLY SEPARATED)

**5. ARE YOU CURRENTLY RECEIVING A DISABILITY RATING FROM THE VETERAN'S ADMINISTRATION?**  
☐ **YES**                      ☐ **NO**

**6. QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDAR YEAR):**

**a.TAXABLE INCOME**  
**Example:** Wages, Bonuses, Commissions, Fees, Gratuities, Payment for Jury Duty (excluding travel allowance), Lottery winnings, Taxable portion of Annuities and Pensions (including Veteran's), Taxable portion of IRA's, Interest, Dividends, Net rent or proceeds from sales of property, etc. If you are required to file Federal Income Tax Return, enter the amount of Adjusted Gross Income plus any other income and attach a copy of the return 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) *Exclude only if 100% disabled by the United States Department of Veteran Affairs.* c. \$ \_\_\_\_\_

**d.ANY INCOME NOT REFLECTED IN THE ABOVE** - Examples: Federal Supplemental Security income, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, Veteran's Disability Payments, and any other income not listed above. d. \$ \_\_\_\_\_

**e. TOTAL** Add lines 6a through 6d e. \$ \_\_\_\_\_

**7. APPLICANT'S AFFIDAVIT**

The applicant herein claims a property tax exemption under provisions of the General Statutes, deposes that the above statements are true and complete and that he/she is not receiving an exemption in accordance with Section § 12-81f in any other town or city.  
The signature below indicates that this affidavit has been read and understood.

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT** **Date signed (Month, Day, Year)**

**X**

**DO NOT WRITE BELOW THIS LINE**

**8. EXEMPTION APPLIED TO:**                      ☐ Real Estate                      ☐ Motor Vehicle  
Parcel or Unique ID: \_\_\_\_\_ List No. \_\_\_\_\_

**9. ASSESSOR'S AFFIDAVIT:**

\_\_\_\_\_ I am satisfied that the above named applicant(s) 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 (Month, Day, Year)**