

TOWN OF EAST HARTFORD
TOTALLY DISABLED PERSON'S LOCAL OPTION
APPLICATION FOR EXEMPTION
FILE BIENNIALY
FILING PERIOD: FEBRUARY 1 - OCTOBER 1, 2024

2024 GRAND LIST
Application period: 2024-2025

1.NAME (Last)	(First)	(Middle Initial)	YOUR SOCIAL SECURITY NO.
			- -
2.SPOUSE'S NAME (Last)	(First)	(Middle Initial)	SPOUSE'S SOCIAL SECURITY NO.
			- -
3.MAILING ADDRESS (No. and Street)	CITY OR TOWN	STATE	ZIP
			TELEPHONE NO.
			- -

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

5. 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 poriton 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

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 5a through 5d

e. \$ _____

6. 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 § 12-81i 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

7. THE APPLICANT IS RECEIVING THE FOLLOWING EXEMPTION: Amount \$ _____

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)