



# TOWN OF SOUTHBURY

\_\_\_\_\_ GRAND LIST

ASSESSOR'S OFFICE  
501 Main Street South  
Southbury, Connecticut 06488  
(203) 262-0674

## ADDITIONAL VETERAN EXEMPTION APPLICATION FILE BIENNIALLY FEB. 1 - OCT. 1

NAME \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SPOUSE \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

*Residency is defined as 183 days per year*

MARRIED  UNMARRIED  SURVIVING SPOUSE BETWEEN 60 & 65  DISABLED  (Proof Required)

(IF YOUR INCOME QUALIFIES YOU FOR THE STATE ADDITIONAL VETERAN'S EXEMPTION SKIP THE NEXT SECTION)

### COMPLETE THIS SECTION IF YOU ARE OVER STATE INCOME REQUIREMENTS

DID YOU FILE A FEDERAL INCOME TAX RETURN FOR THE GRAND LIST YEAR  YES (copy attached)  NO

### INCOME RECEIVED DURING LAST CALENDER YEAR

A. GROSS INCOME (see Circuit Breaker/State Requirements) \_\_\_\_\_

B. NON-TAXABLE INTEREST (see Circuit Breaker Requirements) \_\_\_\_\_

C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME (attach SSA 1099) \_\_\_\_\_

D. ANY INCOME NOT REFLECTED IN THE ABOVE (see Circuit Breaker Requirements) \_\_\_\_\_

TOTAL INCOME \_\_\_\_\_

I certify that the information provided by me is true and accurate. I understand that any false or inaccurate information will result in denial and or revocation of this benefit and that I will be liable to The Town of Southbury for repayment of said benefit.

\_\_\_\_\_  
Signature Date (\_\_\_\_\_) Phone # \_\_\_\_\_

Upon Approval for this program the Town will apply an additional assessment exemption of \$10,000. The Town benefit will be subject to the same rules and regulations in place for the State Program. The benefits provided by the State and the Town cannot exceed 75% of the taxes due for your property.

QUALIFIED FOR LOCAL EXEMPTION  DISALLOWED  REASON \_\_\_\_\_

ID# \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_ AMOUNT OF LOCAL EXEMPTION \_\_\_\_\_

\_\_\_\_\_  
Assessor Date