

TOWN OF SOUTHBURY
ADDITIONAL VETERAN EXEMPTION APPLICATION
FILE BIENNIALLY FEB. 1- OCT. 1

2019 GRAND LIST

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 can not exceed 75% of the taxes due for your property.

QUALIFIED FOR LOCAL EXEMPTION _____ DISALLOWED \REASON _____

ID# _____ % OF OWNERSHIP _____ AMOUNT OF LOCAL EXEMPTION _____

ASSESSOR