PLEASE PRINT OR TYPE M-59a Rev 08/14

STATE OF CONNECTICUT

GRAND LIST OFFICE OF POLICY AND MANAGEMENT

APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION

FILE BIENNIALLY

FILING PERIOD FEB. 1 - OCT. 1

1. NAME (Last)	(First)	(N	Iiddle Initial)	YOUR SOCIAL SECURITY NO.
(Lust)	(1131)	(14.		
2. SPOUSES NAM	IE (Last) (First)	(N	Aiddle Initial)	SPOUSES SOCIAL SECURITY NO.
3. PROPERTY LOCATION (No. and Street) CITY OR TOWN STATE ZIP C				
MAILING ADDRESS (If different from above) TELEPHONE NO.				
4. MARITAL STATUS: Married (Single, Divorced, Widow/Widower, or Legally Separated)				
5. QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDAR YEAR):				
NOTE: VETERANS' DISABILITY PAYMENTS ARE NOT CONSIDERED INCOME FOR THIS PROGRAM.				
a. GROSS INCOME - Examples: 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 a Federal Income Tax Return, enter the amount of Adjusted Gross Income				
Plus ar	ny other income and attach a co	opy of the return to this a	pplication.	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 Veterans Affairs.				
State of Con	OME NOT REFLECTED IN TH nnecticut public assistance payme listed above.			
		е. Т	TOTAL Add lines 5a th	rough 5d e. \$
6. Are you presently receiving a 100% disability rating from the U.S. Dept. of Veterans Affairs?				
7. APPLICANT'S AFFIDAVIT		olete and that he/she is no	ot receiving a State exem	General Statutes, deposes that the above ption in accordance with Section 12-81g in een read and understood.
SIGNATURE OF APPLI X	CANT OR AUTHORIZED AGENT			Date signed (Mo, Day, Yr)
STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY				
8. THE APPLICANT IS RECEIVING THE FOLLOWING VETERAN'S EXEMPTION ("A" Code): Amount \$				
9. ADDITIONAL EXEMPTION ALLOWED ("B" Code): (If less than full additional exemption used, NOTE FULL EXEMPTION here \$) \$				
10. ADDITIONAL EXEMPTION ALLOWED: PUBLIC ACT 13-224 MUNICIPAL OPTION (If less than full additional exemption used, NOTE FULL EXEMPTION HERE \$) \$				
11. EXEMPTION APPLIED TO: Real Estate Motor Vehicle Personal Property Supplemental Motor Vehicles				
12. ASSESSOR'S AFFIDAVIT - I am satisfied that the above named applicant meets all the necessary statutory requirements - This claim is disallowed for the following reason: - This claim is disallowed for the following reason:				
SIGNATURE OF	ASSESSOR OR MEMBER OF	ASSESSOR'S STAFF		Date signed (Mo.,Day,Yr.)