**PLEASE PRINT OR TYPE OFFICE OF THE ASSESSOR \_\_\_\_\_\_GRAND LIST**

**Rev 09/17 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### APPLICATION FOR GOLD STAR EXEMPTION

##  FILE BIENNIALLY

##  FILING PERIOD FEB. 1 – OCT. 1

|  |  |
| --- | --- |
|  **1. NAME (Last) (First) (Middle Initial)** | **YOUR SOCIAL SECURITY NO.** **- -** |
|  **2. SPOUSES NAME (Last) (First) (Middle Initial)** | **SPOUSES SOCIAL SECURITY NO.** **- -** |
|  **3. PROPERTY LOCATION (No. and Street) CITY OR TOWN STATE ZIP CODE** |
|  **4. MAILING ADDRESS (If different from above)** | **TELEPHONE NO.** |
| **5. AFFIDAVIT RECORDED WITH CITY CLERK VOLUME: \_\_\_\_\_\_\_\_\_\_\_ PAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_. SURVIVING SPOUSE PARENT(S)**  |
|  **6. MARITAL STATUS : MARRIED UNMARRIED (Single, Divorced, Widow/Widower, or Legally Separated)** |
|  **7. QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDAR YEAR):**1. **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 any other income and attach a copy of the return to this application. a. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_**1. **NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds b. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_**
2. **SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME – (GROSS AMOUNT) c. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_**
3. **ANY INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income,**

**State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, and any other** **income not listed above. d. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_** **e. TOTAL Add lines 7a through 7d e. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_** |
|  **8.** **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 a State exemption in accordance with Section 12-81f or 12-81g in any other town or city. The signature below indicates that this affidavit has been read and understood.** |
|  **SIGNATURE OF APPLICANT**  **X** | **Date signed (Mo, Day, Yr)** **\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_** |

 **STOP ! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY**

|  |
| --- |
|  **9. IS THE APPLICANT ELIGIBLE TO RECEIVE SURVIVING SPOUSE VETERAN’S EXEMPTION (“A” Code): YES NO Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **10. EXEMPTION APPLIED TO: Real Estate Motor Vehicle Personal Property Supplemental Motor Vehicles** |
| **REAL ESTATE UNIQUE ID** | **ASSESSMENT**  | **PERSONAL PROPERTY: ACCOUNT** | **ASSESSMENT** |
| **Vehicle Registration** | **Make** | **Model** | **VIN** | **Assessment** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  **11. TOTAL ASSESSMENT $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXEMPTION GREATER OF: 10% ASSESSED $20,000 TOTAL EXEMPTION $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF** |  **Date signed (Mo.,Day,Yr.)** **\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_** |