

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):

- 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 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, 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.)