

**PERMANENTLY AND TOTALLY DISABLED VETERAN
100% SERVICE-CONNECTED DISABILITY RATING
TAX EXEMPTION**



**Application is due annually not later than January 1st
Submit application and required documentation to your local municipal Assessor's office**

I hereby apply for tax exemption as provided for in Connecticut General Statute Section 12-81(83):

NAME (Last)	(First)	(Middle Initial)	BIRTHDATE	☐ SOCIAL SECURITY # or ☐ DEPT OF DEFENSE #
ADDRESS (No., Street, Municipality) (State) (Zip Code)			APPLICANT'S TELEPHONE #	

Must check applicable boxes and provide acceptable documentation:

- ☐ I am a resident of this state who has served in the Army, Navy, Marine Corps, Coast Guard, Air Force or Space Force of the United States;
- ☐ I am a resident of this state and the spouse, widow, widower, or child of deceased veteran held in trust of a Veteran who has served in the Army, Navy, Marine Corps, Coast Guard, Air Force or Space Force of the United States;
- ☐ Proof of eligibility: Attach copy of determination by the United States Department of Veterans Affairs to be permanently and totally disabled based on a service-connected disability rating of one hundred per cent (100%).

CERTIFICATION

I CERTIFY UNDER THE PENALTIES OF FALSE STATEMENT THAT I MEET THE REQUIREMENTS OF CONNECTICUT GENERAL STATUTE Sec. 12-81(83) AND AM ENTITLED TO THE TAX EXEMPTION PROVIDED FOR THEREIN. I HAVE NOT SUBMITTED, AND WILL NOT SUBMIT, A CLAIM FOR THIS EXEMPTION IN ANY OTHER MUNICIPALITY.

Applicant's Signature

Date

ASSESSOR USE ONLY

☐ Approved ☐ Not Approved - reason: _____

Assessor Signature: _____

Date: _____