

**2016 GRAND LIST – LOCAL OPTION
TOTALLY DISABLED/LEGALLY BLIND
APPLICATION FOR ADDITIONAL EXEMPTION**

2,000
BLIND
(17) - FBC

1,000
SOC. SEC
(55) - EBC

Circle
Appropriate
Exemption

Application Period: February 1, 2016 – October 1, 2016

1. Name _____ Social Security Number _____

2. Spouse's Name _____ Social Security Number _____

3. Address _____ Telephone Number _____

4. Marital Status _____ Married _____ Unmarried

5. Qualifying Income:

A. Taxable Income - Includes: Federal Adjusted Gross income or its equivalent. Also includes, but not limited to wages, lottery winnings, taxable pensions, IRA's, interest, dividends and net rental income.

A. _____

B. Non-Taxable Interest - Example: Interest from Tax Exempt Govt. Bonds

B. _____

C. Social Security or Railroad Retirement Income

C. _____

D. Any Income Not Reflected in the Above - Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, General Assistance, Vet's Pensions, Vets Disability payments, Non-taxable pension and any other income not listed above

D. _____

Income Must Not Exceed:

\$35,200 Single \$42,900 Married

Total _____

6. The Applicant is entitled to the following Exemption _____

7. Signature of Applicant _____

Signature of Assessor or Staff Member _____

Date _____

X