



LOCAL OPTION ADDITIONAL VETERANS EXEMPTION

_____ GRAND LIST

Filing period: February 1—October 1

Return to: ASSESSOR, Town of Pomfret, 5 Haven Road, Pomfret Center, CT 06259

(860) 974-1674

To qualify for the Local Option Additional Veterans Program, you must meet the following requirements:

- Be a veteran (or surviving spouse) who has served 90 days during recognized dates of war and other recognized military campaigns (not for training)
- Provided proof of honorable discharge (DD214) to the Town Clerk by September 30 and is a resident as of October 1
- Submit proof of qualifying income to include spouse's income
- Income proof must be taxpayer's federal income tax return & the federal income tax return of such taxpayer's spouse, if filed separately, for the taxable year ending immediately prior to the submission of the application. If not required to file a federal income tax return, such other evidence of qualifying income must be provided and approved by the Assessor. We require a Form SSA1099 (Social Security Administration Benefit Statement) or its equivalent for each homeowner.

Name _____

Your Birth Date: ____/____/____ Your Social Security #: ____-____-____

Spouse's Name: _____

Spouse's Birth Date: ____/____/____ Spouse's Social Sec. #: ____-____-____

Property Address _____

Mailing Address (if different) _____

Filing Status (check only one): Married Unmarried

Did you or will you file a federal tax return for the last calendar year? Yes No

INCOME RECEIVED DURING LAST CALENDAR YEAR:

NOTE: VETERANS' DISABILITY PAYMENTS ARE NOT CONSIDERED INCOME FOR THIS PROGRAM

A. Gross Income; includes Federal Adjusted Gross Income or its equivalent. Also includes but is not limited to wages, lottery winnings, taxable pensions, IRA's, interest, dividend and net rental income \$ _____

B. Non-Taxable Interest—Example: Interest from Tax Exempt Government Bonds \$ _____

C. Social Security or Railroad Retirement Income— (Gross Amount) (Exclude if 100% VA disabled) \$ _____

D. Any income not reflected in the above—Examples: Federal Supplemental Security Income, State of CT public assistance payments, General Assistance, Veteran's Pensions, and any other income not listed above. \$ _____

Total Income: \$ _____

Applicant's Signature _____ Phone # _____ Date _____

_____ Approved _____ Not Approved _____ (Reason)

Assessor's Signature _____ Date _____

Upon approval for this program the Town will apply an additional assessment exemption of \$10,000. Applicant's signature certifies that the information provided is true and accurate. Applicant understands that any false or inaccurate information will result in denial and/or revocation of this benefit and the applicant will be liable to the Town of Pomfret for repayment of said benefit.