



Town of Easton

TOWN HALL - ASSESSOR'S OFFICE
225 CENTER ROAD
EASTON, CONNECTICUT 06612

PHONE (203) 268-6291
FAX (203) 268-4928
www.eastonct.gov

February 1, 2024

RE: ADDITIONAL VETERANS APPLICATION

Dear Easton Homeowner:

Attached please find an application for 2024 Additional Veterans exemption.

Please fill out and return the application to the Assessor's Office with your **2023** Income Tax Return (or) any other proof of income you may have. The State of Connecticut is also requiring that a copy of your **2023 Social Security Benefit Statement form (SSA-1099)** be attached. Please **DO NOT** enter any figures, this process will be done by our office and a copy will be mailed to you.

The income levels start at \$43,800 for singles and \$53,400 for married applicants. This form is due no later than October 1, 2024. If you have any questions, please do not hesitate to call the Assessor's Office at 203-268-6291.

Yours truly,

Rachel Maciulewski, CCMA I
Assessor
Rmaciulewski@eastonct.gov

APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION
FILE BIENNIALY
FILING PERIOD FEB. 1 - OCT. 1

1. NAME (Last) (First) (Middle Initial)	YOUR SOCIAL SECURITY NO.
2. SPOUSE'S NAME (Last) (First) (Middle Initial)	SPOUSE'S SOCIAL SECURITY NO.
3. PROPERTY LOCATION (No. and Street) CITY OR TOWN STATE ZIP CODE	
MAILING ADDRESS (If different from above)	Telephone Number

4. MARITAL STATUS: Married Unmarried (Single, Divorced, Widow/Widower, or Legally Separated)

5. QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDAR YEAR):
NOTE: Veterans' Disability payments are not considered income for this program.

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) Exclude only if 100% disabled by the United States Department of Veterans Affairs. 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 5a through 5d E. \$ _____.

6. Are you presently receiving a 100% disability rating from the Veteran's Administration? Yes No

7. 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 12-81g in any other town or city. The signature below indicates that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT: X Date signed (Mo, Day, Yr) ___/___/___

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

8. THE APPLICANT IS RECEIVING THE FOLLOWING VETERAN'S EXEMPTION ('A' Code): Amount \$ _____

9. ADDITIONAL EXEMPTION ALLOWED ('B' Code): (If less than full additional exemption used, NOTE FULL EXEMPTION here \$ _____) \$ _____

10. ADDITIONAL EXEMPTION ALLOWED: PUBLIC ACT 13-224 MUNICIPAL OPTION (If less than full additional exemption used, NOTE FULL EXEMPTION here \$ _____) \$ _____

11. EXEMPTION APPLIED TO: Real Estate Personal Property Motor Vehicles Motor Vehicle Supplemental
Vet List No.:

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: X Date signed (Mo, Day, Yr) ___/___/___