

**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	<input type="checkbox"/> SOCIAL SECURITY # or <input type="checkbox"/> 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: _____

Town of Winchester

ASSESSOR'S OFFICE
(860) 379-5461



20____ Grand List

338 Main St, • Town Hall
Winsted, CT 06098

STATEMENT CONCERNING PROPERTY USE FOR EXEMPTION UNDER 12-81(83)

Pursuant to Section 12-81(83) of the Connecticut General Statutes, Veterans with a **100% Permanent & Total Service-Connected Disability Rating** are entitled to a property tax exemption for the assessment of **ONE DWELLING OR ONE MOTOR VEHICLE**. To assist the Assessor's office in determining whether property qualifies for the exemption, the Assessor's office requires applicants to file an annual statement regarding the use of their property.

INSTRUCTIONS: PLEASE CHECK EITHER THE DWELLING OR MOTOR VEHICLE SECTION BELOW. IF YOU SELECT THE DWELLING SECTION, PLEASE ALSO ANSWER STATEMENTS 1 THROUGH 3.

DWELLING

☐ I am applying for the exemption to be applied to my **DWELLING** located at:
Dwelling address:

(PLEASE COMPLETE THE THREE STATEMENTS BELOW. CHECK ONE BOX FOR EACH STATEMENT, AND PROVIDE ANY ADDITIONAL INFORMATION AS REQUESTED).

1. ☐ I certify that the dwelling listed above **IS** my primary residence.
☐ I certify that the dwelling listed above **IS NOT** my primary residence. (Please state primary residence in the box below, include full address):
2. ☐ I certify that **NO** part of my dwelling is used for commercial purposes or to derive rental income.
☐ I certify that **ALL or PART** of my dwelling is used for commercial purposes or to derive rental income. (Please state in the box below the portion of your dwelling that is used for commercial purposes or to derive rental income):
3. ☐ I certify that I **DO NOT** own any real estate other than my dwelling listed above, either in Connecticut or elsewhere.
☐ I certify that I **DO** own real estate other than my dwelling listed above. (Please list in the box below the complete address(es) of your other real estate and also answer the statement below the box):

I certify that ☐ I **DO** (or) ☐ I **DO NOT** receive tax benefits on such other real estate.

MOTOR VEHICLE

☐ I am applying for the exemption to be applied to my **MOTOR VEHICLE**, and I certify that my vehicle is garaged in Connecticut. (Describe vehicle in the box below: Year/Make/Model/Plate #):

CERTIFICATION

I hereby submit this statement in support of my application for the tax exemption provided in Conn. General Statutes Section 12-81(83) for Veterans who are permanently and totally disabled based on a service-connected disability rating of 100%. I certify under the penalties of false statement that the information contained in this statement is true and accurate to the best of my knowledge and belief.

Applicant's Signature

Applicant's Printed Name

Date