

TOTALLY DISABLED TAX EXEMPTION

IMPORTANT
Check At Least One box

Prepare in triplicate
Original – Assessor
Copy – Taxpayer
Copy - OPM

TO: Assessor, Town of Killingly

Name (Last) (First) (Middle) **Date of Birth** / /

Date of Disability Award / / **Social Security Number** - -

Spouse's Name (Last) (First) (Middle) **Spouse's Date of Birth** / /

Mailing Address (Street & number or post office box) (City, State and Zip) **Telephone Number** () -

Property Address (if different from mailing address)

I hereby apply for the \$1000 exemption as provided for in the Connecticut General Statutes Sec. 12-81 (55).

Document (s) attached:

☐ **Proof of eligibility**, in accordance with applicable federal regulations, to receive permanent total disability benefits under Social Security.

- or -

If the applicant has not been engaged in employment covered by Social Security and accordingly has not qualified for benefits thereunder:

☐ **Proof of eligibility for** permanent total disability benefits under any federal, state or local government retirement or disability plan, including the Railroad Retirement Act and any government- related teacher's retirement plan, determined by the secretary of the Office of Policy and Management to contain requirements in respect to qualification for such permanent total disability benefits which are comparable to such requirements under Social Security.

- or -

☐ **Proof that the applicant** has attained age sixty-five or over and would be eligible in accordance with Applicable federal regulations to receive permanent total disability benefits under Social Security or any such federal, state or local government retirement or disability plan as described above.

CERTIFICATION

I certify under the penalties of false statement that I meet the requirements of Connecticut General Statutes Sec. 12-81(55) and am entitled to that tax exemption provided for therein. I am aware that if an approved application is made after the filing of the Grand List, the exemption will be applied to the next Grand List.

Applicant's Signature

Date

APPROVED

Assessor

Date