



© Town of Bethany

OFFICE OF THE ASSESSOR
TOWN OF BETHANY
Town Hall – 40 Peck Road
Bethany, Connecticut 06524-3378
Telephone: (203) 393-2100 x1112
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**Assessor's Office Notice
Town of Bethany
Additional Veterans and Local Veterans Exemption Notice Issued**

ADDITIONAL VETERANS AND LOCAL VETERANS EXEMPTION- The additional veteran's and local veteran's exemptions are available to qualified veterans who meet certain income requirements. These two programs provide an increase in assessment reduction beyond the standard veteran exemption. **The deadline for filing applications is September 30, 2022.** Applicants must meet an income requirement of not more than \$38,100 if single and \$46,400 if married to qualify for the State of Connecticut Additional Veteran's Program. The income limits for the Town of Bethany Local Option Additional Veterans Exemption is \$71,400. Income includes adjusted gross income plus any other income, including Social Security benefits. Income is based upon the 2021 calendar year. Federal Income Tax returns and/or proof of all income must be presented to the Assessor's office which is open Monday through Friday from 9:00 am to 4:30 pm. Please remember that proof of all income, including Social Security benefits (Form SSA-1099) for the 2021 calendar year must be submitted by **September 30, 2022** or the application cannot be processed.

Please do not hesitate to contact the Assessor's office with any questions or concerns regarding this program.

Betsy Quist
Bethany Assessor
Dated December 6, 2021

BIENNIAL APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION
FILING PERIOD FEBRUARY 1st - OCTOBER 1st

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

4. MARITAL STATUS: MARRIED or UNMARRIED: SINGLE DIVORCED WIDOW/WIDOWER 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 U.S. Dept. of Veterans Affairs?

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 Motor Vehicle Personal Property Supplemental Motor Vehicles

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

Date signed (Mo.,Day,Yr.)

____/____/____