

TAX EXEMPTION APPLICATION

Totally Disabled Persons

Form D-1 Revised 2/90

IMPORTANT

Please write clearly and check all applicable boxes

To: Assessor, Town of Windsor Locks

I hereby apply for the \$1000 tax exemption as provided for in the CGS Sec. 12-81 (55):

| Last Name | First Name | Middle Initial | Social Security # |
|-----------|------------|----------------|-------------------|
|-----------|------------|----------------|-------------------|

| St # | Street Name | Apt/Unit/FI # | Date of Birth |
|------|-------------|---------------|---------------|
|------|-------------|---------------|---------------|

| | | | |
|---------------|----|-------|--|
| Windsor Locks | CT | 06096 | |
|---------------|----|-------|--|

| Town or City | State | Zip Code | Telephone # |
|--------------|-------|----------|-------------|
|--------------|-------|----------|-------------|

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 there under:

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 the tax exemption provided for therein.

Applicant's Signature

Date

Approved

Denied

John Creed, CCMA I, Assessor

Date