



Town of New Hartford Assessor's Office

_____ Grand List

Application for Local Blind Exemption

NAME (Last)	(First)	(MI)	DATE OF BIRTH	SOCIAL SECURITY #
SPOUSE'S NAME (Last)	(First)	(MI)	DATE OF BIRTH	SOCIAL SECURITY #
MAILING ADDRESS				
PROPERTY ADDRESS (if different than mailing address)			OTHER OWNER OF PROPERTY	
FILING STATUS (check one) Married Unmarried				
DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? (check one) Yes (attach copy) No				
INCOME RECEIVED DURING LAST CALENDAR YEAR:				
A. GROSS INCOME – Includes: Federal Adjusted Gross Income or its equivalent. Also includes, but is not limited to wages, lottery winnings, taxable pensions, IRA's, interest, dividends and net rental income.			A. \$	
B. NON-TAXABLE INTEREST – Example: Interest from Tax Exempt Government Bonds			B. \$	
C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME – Add Medicare premiums (Attach SSA 1099)			C. \$	
D. ANY INCOME NOT INCLUDED ABOVE – Example: Federal Supplemental Security Income, State of CT public assistance payments, General Assistance, Disability Payments and any other not listed above.			D. \$	
			E. TOTAL add lines A-D \$	
EXPLAIN OTHER: _____				

Applicant's/Authorized Agent's Affidavit

The applicant or authorized agent deposes that the above statements are true and complete and claims tax relief under the provisions of the Connecticut General Statutes. The property for which tax relief is claimed is the permanent residence/domicile of the applicant. The penalty for making a false affidavit is the refund of all credits improperly taken and a fine of \$500.00 or imprisonment of one year, or both. Your signature signifies that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AGENT	Date	Phone #	Agent Relationship
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DO NOT WRITE BELOW THIS LINE – ASSESSOR USE ONLY

Applicable Income Limit: \$	Applicant is (check one): <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible
Applicant Income: \$	
Assessor's Affidavit	I am satisfied that the above named applicant meets all necessary requirements. This claim is disallowed for the following reason: _____
SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR STAFF	Date Signed