

**BIENNIAL APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION**FILING PERIOD FEBRUARY 1<sup>st</sup> - OCTOBER 1<sup>st</sup>

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):				
<i>NOTE: VETERANS' DISABILITY PAYMENTS ARE NOT CONSIDERED INCOME FOR THIS PROGRAM.</i>				
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) <i>Exclude only if 100% disabled by the United States Department of Veterans Affairs.</i>				
				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% <u>disability rating</u> from the U.S. Dept. of Veterans Affairs? <span style="float:right;">Yes No</span>				
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.)

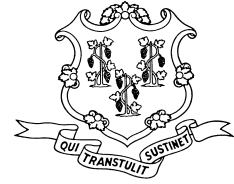


**Justin Elicker**  
Mayor

**CITY OF NEW HAVEN  
DEPARTMENT OF ASSESSMENT**

165 Church Street  
New Haven, CT 06510  
Phone: (203) 946-4800  
assessor@newhavenct.gov

**Alexzander Pullen**  
Acting City Assessor



**Michael Courtney**  
Assistant Assessor

**State Additional Veterans Exemption**

The application period for 2025 State Additional Veterans Exemption is open from Monday, February 3, 2025. The deadline to apply is Wednesday, October 1<sup>st</sup>, 2025.

Applications must be submitted with copies of proof of all **2024** income. This includes an income tax return, if filed or plan to file. If not, include all **2024** income statements. The income limits are \$55,100 for married applicants and \$45,200 for single applicants.

To be eligible you must be an honorably discharged veteran who served at least 90 days during a period of war. You must have filed proof of honorable discharge (DD-214) on or before September 30<sup>th</sup>, 2025 with the City Clerk.

If eligible you will receive the following exemption based on your disability rating:

<b>Disability Rating</b>	<b>Exemption Amount</b>
No Disability Rating	6,000
10-25%	12,000
26-50%	15,000
51-75%	18,000
76-100%	21,000
Over 65 with any disability rating	21,000
Severe Disability	30,000

Once filed and approved by the Assessor, the exemption generally extends for a two-year assessment period.