



TOWN OF NORTH HAVEN  
**TOTALLY DISABLED  
EXEMPTION APPLICATION**

MUST BE FILED BY NOVEMBER 1 OF EACH YEAR

I HEREBY APPLY FOR THE \$1,000 EXEMPTION OF MY ASSESSED VALUE AS PROVIDED FOR IN THE CONNECTICUT GENERAL STATUTES SEC. 12-81(55)

_____	_____
NAME	ADDRESS
_____	_____
SOCIAL SECURITY NUMBER	BIRTH DATE

**DOCUMENTS TO BE ATTACHED**

• PROOF OF ELIGIBILITY, IN ACCORDANCE WITH APPLICABLE FEDERAL REGULATIONS, TO RECEIVE PERMANENT TOTAL DISABILITY BENEFITS UNDER SOCIAL SECURITY

- OR -

• PROOF OF ELIGIBILITY FOR PERMANENT TOTAL DISABILITY BENEFITS UNDER ANY FEDERAL, STATE OR LOCAL GOVERNMENT RETIREMENT OR DISABILITY PLAN, INCLUDING RAILROAD RETIREMENT ACT AND ANY GOVERNMENT-RELATED TEACHER'S RETIREMENT PLAN, DETERMINED BY THE SECRETARY OF THE OFFICE OF POLICY AND MANAGEMENT TO CONTAIN CERTAIN REQUIREMENTS IN RESPECT TO QUALIFICATION FOR SUCH PERMANENT TOTAL DISABILITY BENEFITS THAT ARE COMPARABLE TO SUCH REQUIREMENTS UNDER SOCIAL SECURITY

- OR -

• PROOF THAT THE APPLICANT HAS ATTAINED THE AGE OF 65 OR OVER AND WOULD BE ELIGIBLE IN ACCORDANCE WITH THE APPLICABLE FEDERAL REGULATIONS TO RECEIVE PERMANENT TOTAL DISABILITY BENEFITS UNDER SOCIAL SECURITY OR SUCH FEDERAL, STATE OR LOCAL GOVERNMENT RETIREMENT OR DISABILITY PLAN AS DESCRIBED ABOVE

I HEREBY CERTIFY UNDER 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.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

**APPROVED**

\_\_\_\_\_  
ASSESSOR

\_\_\_\_\_  
DATE