

**TAX EXEMPTION APPLICATION
TOTALLY DISABLED PERSONS
FORM D-1, Revised 2005**

INSTRUCTIONS
Prepare in duplicate
Original – Assessor
Duplicate – Tax Payer

IMPORTANT
Check all applicable boxes

TO: ASSESSOR, Town of Glastonbury

I hereby apply for the \$1,000 tax exemption as provided for in the Connecticut General Statutes Sec. 12-81 (55).

NAME (Last)	(First)	(Middle Initial)	BIRTHDATE	SOCIAL SECURITY #
ADDRESS (#, Street, Town or City)	(State, Zip Code)		APPLICANTS TELEPHONE NO.	

DOCUMENT(S) ATTACHED:

- A current AWARD letter from the Social Security Administration, **OR**
 - A form SSA-1099 showing a Medicare deduction, **OR**
 - A current computer generated message from Social Security that states the person is disabled, such as a TPQY, **OR**
 - A current proof of permanent and total disability from a federal, state, municipal or other government related program deemed comparable by the Secretary of the Office of Policy and Management.
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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

ASSESSOR APPROVAL

Assessor's signature

Date
