

TOTALLY DISABLED TAX EXEMPTION

Prepare in Triplicate
Original - Assessor
Copy - Applicant
Copy - OPM

TO: ASSESSOR, Town of _____

I hereby apply for the \$1,000 tax exemption (off my assessed value) as provided for in Connecticut General Statute Sec. 12-81(55):

NAME(Last)	(First)	(Middle Initial)	BIRTHDATE	SOCIAL SECURITY #
ADDRESS (No., Street, Town or City) (State) (Zip Code)			APPLICANT'S TELEPHONE #	

Document(s) attached:

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 thereunder:

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 that are comparable to such requirements under Social Security,

-or-

Proof that the applicant has attained the age of sixty-five (65) 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 STATUTE Sec. 12-81(55) AND AM ENTITLED TO THE TAX EXEMPTION PROVIDED FOR THEREIN.

Applicant's Signature

Date

APPROVED

Assessor's Signature

Date

TOTALLY DISABLED Q&A

BASIC INFORMATION REQUIREMENTS:

1. Q. WHAT BASIC REQUIREMENTS AND CONDITIONS MUST BE MET IN ORDER FOR TAX RELIEF UNDER THE TOTALLY DISABLED PROGRAM TO BE GRANTED IN THE STATE OF CONNECTICUT?
 - A. The following requirements and conditions must be met:
 - (1) Be a resident of the State of Connecticut;
 - (2) Be eligible, in accordance with applicable federal regulations, to receive permanent total disability benefits under Social Security or;
 - (3) If never engaged in employment covered by Social Security and therefore not qualified for benefits thereunder but has become qualified 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; all of (3) is true but collects Social Security under parents' Social Security number.
 - (4) If age 65 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 in (3), except that because such resident is 65 or over is no longer eligible to receive benefits under the disability benefit provisions of Social Security or other plan because payments are made under retirement provisions thereof and;
 - (5) Own property in resident's own name or property belonging to, or held in trust for, his/her spouse, who is domiciled with him/her.
2. Q. WHAT CONSTITUTES PROOF OF DISABILITY?
 - A. 1) A current AWARD letter from the Social Security Administration or, 2) a form SSA- 1099 showing a Medicare deduction or, 3) a current computer generated message from Social Security that states the person is disabled, such as a TPQY or Benefit Verification Letter or, 4) 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.