

**2021 GRAND LIST – LOCAL OPTION  
TOTALLY DISABLED/LEGALLY BLIND  
APPLICATION FOR ADDITIONAL EXEMPTION**

2,000  
BLIND  
(17) - FBC

1,000  
SOC. SEC  
(55) - EBC

Circle  
Appropriate  
Exemption

**Application Period: February 1, 2021 – October 1, 2021**

1. Name Social Security Number

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2. Spouse's Name Social Security Number

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3. Address Telephone Number

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4. Marital Status  Married  Unmarried

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5. Qualifying Income:

A. Taxable Income - Includes: Federal Adjusted Gross income or its equivalent.  
Also includes, but 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 Govt. Bonds

B. \_\_\_\_\_

C. Social Security or Railroad Retirement Income

C. \_\_\_\_\_

D. Any Income Not Reflected in the Above - Examples: Federal Supplemental Security  
Income, State of Connecticut public assistance payments, General Assistance, Vet's  
Pensions, Vets Disability payments, Non-taxable pension and any other income not  
listed above

D. \_\_\_\_\_

Income Must Not Exceed:

\$37,600 Single    \$45,800 Married

Total \_\_\_\_\_

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6. The Applicant is entitled to the following Exemption \_\_\_\_\_

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7. Signature of Applicant

Signature of Assessor or Staff Member

Date

  X   \_\_\_\_\_