

**2024 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, 2024 – October 1, 2024**

1. Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

2. Spouse's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

3. Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

4. Marital Status                    \_\_\_ Married                    \_\_\_ Unmarried

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:

\$43,800 Single    \$53,400 Married

Total \_\_\_\_\_

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

7. Signature of Applicant \_\_\_\_\_

Signature of Assessor or Staff Member \_\_\_\_\_

Date \_\_\_\_\_

  X