



BOROUGH OF NAUGATUCK, CT

Office of the Assessor

Application for Local Option Blind Exemption
Financial Requirement

Name: _____

Mailing Address: _____

Location of Property: _____

Social Security Number: _____ Phone: _____

DOB: _____ Marital Status: _____

IRS Total Income: _____

SS Income: _____

Total: _____

Applicant's Signature _____

Date: _____

Accepted: _____

Denied: _____

Assessor/Staff _____
signature