FORM D-1
(Rev. 12/99)

TOTALLY DISABLED TAX EXEMPTION

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

IMPORTANT
Check At Least
One Box

TO: ASSESSOR, Town of _____

I hereby apply for the $1,000 tax exemption (off my assessed value) as provided for in the Connecticut General Statutes 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 STATUTES Sec. 12-81(55) AND AM ENTITLED TO THE TAX EXEMPTION PROVIDED FOR THEREIN.

_____ _____

Applicant's Signature Date

APPROVED

_____ _____

Assessor Date