

Grand List

LOCAL OPTION BLIND EXEMPTION

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

DEADLINE:
October 1st
"Biennially"

TO: ASSESSOR, Town of Mansfield, CT

I hereby apply for the \$2,000 tax exemption (off my assessed value) as provided for in Connecticut General Statutes §12-81i, C.G.S. §12-81j and C.G.S. §12-81l, and The Code of the Town of Mansfield, Article VI, §173-31 Title.

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

Must provide acceptable documentation:

- Proof of eligibility**, "Certificate of Blindness" from BESB, or copy of "Eye Doctor Reporting Form" submitted to BESB. (Forms are confidential and not open to public inspection).
- Proof of income**, IRS Federal Income tax return for the previous calendar year, or, in the event that a return is not filed, such evidence related to income as may be required by the Assessor for the tax year of such person ending immediately prior to the approval of a claim for such additional exemption."
- Other**, any other documentation or information, relevant to eligibility or income verification.

CERTIFICATION

I CERTIFY UNDER THE PENALTIES OF FALSE STATEMENT THAT I MEET THE REQUIREMENTS OF CONNECTICUT GENERAL STATUTES §12-81i, C.G.S. §12-81j and C.G.S. §12-81l. AND AM ENTITLED TO THE TAX EXEMPTION PROVIDED FOR THEREIN.

Applicant's Signature

Date

APPROVED

Assessor's Signature

Date