**TOTALLY DISABLED TAX EXEMPTION**

 IMPORTANT

 Check At Least

 One Box

FORM D-1

(Rev. 1/08)

Prepare in Triplicate

Original – Assessor

Copy – Applicant

Copy – OPM

TO: ASSESSOR, Town of CANTERBURY

I hereby apply for the $1,000 tax exemption (off my assessed value) as provided for in Connecticut General Statute 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 STATUTE Sec. 12-81(55) AND AM**

**ENTITLED TO THE TAX EXEMPTION PROVIDED FOR THEREIN.**

Applicant’s Signature Date

# APPROVED

Assessor’s Signature Date