

Town of Ledyard
Gold Star Parents and Spouses Exemption Application
Application Filing Deadline: October 1st (Applicant must re-file every two years)

To be completed by the Property Owner (Applicant)

1	NAME (Last)	(First)	(Middle Initial)
2	SPOUSE'S NAME (Last)	(First)	(Middle Initial)
3	MAILING ADDRESS- Street	(City)	(State) (Zip)
4	PROPERTY ADDRESS (Only if different than mailing)		
5	FILING STATUS (Check one): Gold Star Parent: _____ Gold Star Spouse: _____		
6	The applicant must provide at least two affidavits of disinterested persons showing that the deceased child or person was killed in action while performing military duty, and the relationship of the deceased person to the applicant. Please attach your affidavits to this application. Please place a check mark below to indicate that each affidavit is being provided: Affidavit #1 _____ Affidavit #2 _____		
7	Did you or will you file a Federal Income Tax Return for the tax year preceding the year of this application? Yes: _____ No: _____		_____ Grand List
8	<div style="background-color: yellow; text-align: center; padding: 2px;">This application must be re-filed every two-years</div> INCOME DURING THE 20 _____ CALENDAR YEAR (a) TAXABLE INCOME - Examples: Wages, Bonuses, Commissions, Fees, Lottery Winnings, Taxable Portion of Annuities and Pensions, Interest, Dividends, Net Rent or proceeds from the sale of a property, etc. * If you are required to file a Federal Income Tax Return, enter the amount of adjusted gross income plus any other income and attach a copy of the return to this application. * a. \$ _____ (b) NON-TAXABLE INTEREST - Example: Interest from tax exempt Government Bonds b. \$ _____ * Please include any available documentation. * (c) SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME (GROSS AMOUNT) c. \$ _____ * Include a copy of most recent 1099 or statement showing annual benefits, * (d) ANY INCOME NOT REFLECTED IN THE ABOVE - Examples: Supplemental Security income, d. \$ _____ Public Assistance payments, Veteran Pensions and Disability payments, etc. * Please include any available documentation. * (e) TOTAL Add lines 8a through 8d TOTAL e. \$ _____		

The Applicant hereby applies for a property tax exemption for Gold Star parents and spouse pursuant to Town of Ledyard Code of Ordinances #200- _____ and applicable Connecticut General Statutes.

1. The address of the real property for this application as requested is (The _____ Property")
2. The applicant(s) certifies that they meet the requirements of a) residency, b) qualifying income, c) all other terms as included in the attached ordinance in order to qualify for this exemption.
3. The applicant(s) hereby agree(s) that the affidavits provided in Item #6 above [Section (c)(1) of the ordinance] will be recorded with the Ledyard Town Clerk's Office.
4. The applicant(s) hereby agree(s) to remain in compliance with all the other terms of the attached ordinance, and to notify the Town of Ledyard Assessor's Office if the applicant(s) does not remain in compliance with all the other terms of the Ordinance.

Signature: _____ Date: _____ Phone: # _____

(If authorized agent, please print name also and indicate relationship to applicant)

Assessor's Office Use Only: (Staff Signature): _____ Date: _____

DIRECTIONS FOR COMPLETING THIS TAX EXEMPTION APPLICATION

PLEASE REVIEW THE APPLICATION BEFORE YOU START TO FILL OUT THE APPLICATION. PRINT OR TYPE ALL ENTRIES (EXCEPT SIGNATURE).

Please make certain that you:

- ✓ Fill out every item on the application, Items 1 - 8e.
- ✓ Fill out the location of the property where the exemption is to be applied.
- ✓ Sign, and date your application and also provide a phone number.

You are required to submit proof of your income for the prior calendar year to the Tax Assessor before your application can be accepted. This proof may consist of your Federal Income Tax Return, bank statements which show interest earned, statements received from trust accounts, dividend earning statements, statements from the Social Security Administration (Form SSA 1099 is required).

The ordinance enabling this exemption requires that:

The application shall include at least two affidavits of disinterested persons showing that the deceased child or person was performing such active military duty, that such deceased child or person was killed in action while performing such active military duty and the relationship of such deceased child to such parent, or such deceased person to such surviving spouse, provided that the Tax Assessor may further require such parent or surviving spouse to be examined by such Tax Assessor under oath concerning such facts.

The affidavits required in Section 5 shall be recorded in the Ledyard Town Clerk's Office, free of charge, and such recording shall list the name of such parent or surviving spouse claiming the exemption. No exemption shall be granted unless the affidavits have been recorded in the Town Clerk's Office and until the application has been deemed complete by the Tax Assessor.

Your completed application must be received by October 1st in the Tax Assessor's Office. The Tax Assessor's Office and the Town Clerk's Office are located on the first floor of the Ledyard Town Hall at 741 Colonel Ledyard Highway, Ledyard, Connecticut. The Ledyard Town Hall is open Mondays through Thursday, 7:30 a.m. to 4:45 p.m.

Our mailing addresses are as follows:

Tax Assessor Office
Town of Ledyard
741 Colonel Ledyard Highway
Ledyard Connecticut 06339
☎:Telephone: (860) 464-3237

Town Clerk Office
Town of Ledyard
741 Colonel Ledyard Highway
Ledyard Connecticut 06339
☎:Telephone: (860) 464-3229