Woodbury

LOCAL OPTION VETERAN'S PROGRAM (Sec. 12-81f)

_____ GRAND LIST

Acct. # _____

Filing period Feb 1 – Oct 1

NAME: _____ Date of Birth: _____ SS# _____

SPOUSE: _____ Date of Birth: _____ SS# _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____ (ONLY IF DIFFERENT FROM ABOVE)

MARRIED: ____ SINGLE: ____ SURVIVING SPOUSE: ____ ARE YOU RECEIVING A 100% VA DISABILITY? _____

DID YOU FILE A FEDERAL TAX RETURN? YES (attach copy) NO (CIRCLE ONE)

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INCOME RECEIVED DURING LAST CALENDAR YEAR:

A. TAXABLE INCOME _____

B. NON-TAXABLE INTEREST _____

C. SOCIAL SECURITY/R.R. RETIREMENT _____

D. ANY INCOME NOT INCLUDED ABOVE _____

EXPLAIN: _____

E. TOTAL OF LINES A. – D. _____

_____
APPLICANT/AGENT SIGNATURE

_____
DATE

_____
PHONE NO.

AMOUNT OF EXEMPTION GRANTED: $_____

_____ THIS CLAIM IS DISALLOWED FOR THE FOLLOWING REASON: _____

_____ DATE: _____
SIGNATURE OF ASSESSOR/ASST ASSESSOR

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