

BIENNIAL APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTIONFILING PERIOD FEBRUARY 1st - OCTOBER 1st

1. NAME (Last) (First) (Middle Initial)	SOCIAL SECURITY NO.
2. SPOUSE'S NAME (Last) (First) (Middle Initial)	SOCIAL SECURITY NO.
3. PROPERTY LOCATION (No. and Street) CITY OR TOWN STATE	ZIP CODE
MAILING ADDRESS (If different from above)	TELEPHONE NO.
4. MARITAL STATUS: MARRIED or UNMARRIED: SINGLE DIVORCED WIDOW/WIDOWER LEGALLY SEPARATED	

5. QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDAR YEAR):

NOTE: VETERANS' DISABILITY PAYMENTS ARE NOT CONSIDERED INCOME FOR THIS PROGRAM.

- a. GROSS INCOME - Examples: Wages, Bonuses, Commissions, Fees, Gratuities, Payment for Jury Duty (excluding travel allowance), Lottery winnings, Taxable portion of Annuities and Pensions (including Veteran's), Taxable portion of IRA's, Interest, Dividends, Net rent or proceeds from sales of 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. \$ _____

- c. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - (GROSS AMOUNT) *Exclude only if 100% disabled*

by the United States Department of Veterans Affairs.

c. \$ _____

- d. ANY INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, and any other income not listed above.

d. \$ _____

e. TOTAL Add lines 5a through 5d e. \$ _____

6. Are you presently receiving a 100% disability rating from the U.S. Dept. of Veterans Affairs? Yes No

7. APPLICANT'S AFFIDAVIT The Applicant herein claims a property tax exemption under provisions of the General Statutes, deposes that the above statements are true and complete and that he/she is not receiving a State exemption in accordance with Section 12-81g in any other town or city. The signature below indicates that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

X

Date signed (Mo, Day, Yr)

STOP ! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY

8. THE APPLICANT IS RECEIVING THE FOLLOWING VETERAN'S EXEMPTION ("A" Code):

Amount \$ _____

9. ADDITIONAL EXEMPTION ALLOWED ("B" Code):

(If less than full additional exemption used, NOTE FULL EXEMPTION here \$ _____) \$ _____

10. ADDITIONAL EXEMPTION ALLOWED: PUBLIC ACT 13-224 MUNICIPAL OPTION

(If less than full additional exemption used, NOTE FULL EXEMPTION HERE \$ _____) \$ _____

11. EXEMPTION APPLIED TO: Real Estate Motor Vehicle Personal Property Supplemental Motor Vehicles

12. ASSESSOR'S AFFIDAVIT

_____ I am satisfied that the above named applicant meets all the necessary statutory requirements

_____ This claim is disallowed for the following reason: _____

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF

Date signed (Mo.,Day,Yr.)

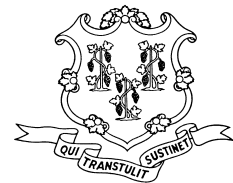


Justin Elicker
Mayor

CITY OF NEW HAVEN
DEPARTMENT OF ASSESSMENT

165 Church Street Suite 141
New Haven, CT 06510-2068
Phone: (203) 946-4800
assessor@newhavenct.gov

Alexzander Pullen
Acting City Assessor



Michael Courtney
Assistant Assessor

State Additional Veterans Exemption

The application period for 2026 State Additional Veterans Exemption is open from Monday, February 2, 2026. The deadline for applying is Thursday, October 1st, 2026.

Applications must be submitted with copies of proof of all **2025** income. This includes an income tax return, if filed or plan to file. If not, include all **2025** income statements. The income limits are \$56,500 for married applicants and \$46,300 for single applicants.

To be eligible you must be an honorably discharged veteran who served at least 90 days during a period of war. You must have filed proof of honorable discharge (DD-214) on or before September 30th, 2026, with the City Clerk.

If eligible you will receive the following exemption based on your disability rating:

Disability Rating	Exemption Amount
No Disability Rating	6,000
10-25%	12,000
26-50%	15,000
51-75%	18,000
76-100%	21,000
Over 65 with any disability rating	21,000
Severe Disability	30,000

Once filed and approved by the Assessor, the exemption generally extends for a two-year assessment period.