



# Town of Newington- Gold Star Parents and Spouses Exemption Application

Application Filing Deadline: October 1<sup>st</sup> (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	PROPERTY ADDRESS (# & Street)	(City)	(State)	(Zip)
4	MAILING ADDRESS (Only if different than property)			
5	FILING STATUS (Check One):	<input type="checkbox"/> Gold Star Parent	<input type="checkbox"/> Gold Star Spouse	
6	<b><i>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:</i></b>			
	<input type="checkbox"/> Affidavit #1	<input type="checkbox"/> Affidavit #2		
7	Did you or will you file a Federal Income Tax Return for the tax year preceding the year of this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
8	INCOME DURING THE 20_____ CALENDAR YEAR	<b>This application must be re-filed every two years.</b>		
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 <b>attach a copy of the return</b> to this application. *	a. \$ _____.		
b.	NON-TAXABLE INTEREST – Example: Interest from tax exempt Government Bonds * Please include any available documentation. *	b. \$ _____.		
c.	SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME (GROSS AMOUNT) * Include a copy of most recent 1099 or statement showing annual benefits. *	c. \$ _____.		
d.	ANY INCOME NOT REFLECTED IN THE ABOVE – Examples: Supplemental Security income, Public Assistance payments, Veteran Pensions and Disability payments, etc. * Please include any available documentation. *	d. \$ _____.		
e.	TOTAL	Add lines 8a through 8d <b>TOTAL</b> e. \$ _____.		

***The Applicant hereby applies for a property tax exemption for Gold Star parents and spouse pursuant to Town of Newington Code of Ordinances, Chapter 388, Article VIII et. seq. 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 Newington 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 Newington Assessor's Office if the applicant(s) does not remain in compliance with all the other terms of the ordinance.

Signature X \_\_\_\_\_ 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 EXEMPTION APPLICATION

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**PLEASE REVIEW THE INSTRUCTIONS 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 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).

Section 12-81ii of the Connecticut General Statutes and the Town of Newington Local 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 Assessor may further require such parent or surviving spouse to be examined by such Assessor under oath concerning such facts.*

*The affidavits required in section (c)(1) shall be recorded in the Newington 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 Assessor.*

Your completed application **must be received by October 1<sup>st</sup> in the Assessor's Office**. The Assessor's Office and the Town Clerk's Office are located on the ground floor of the Newington Town Hall at 200 Garfield Street, Newington, Connecticut. The Newington Town Hall is open Mondays, Wednesdays, and Thursdays from 8:30 AM to 4:30 PM, Tuesdays from 8:30 AM to 6:00 PM, and Fridays from 8:30 AM to 12:00 PM.

**Our mailing addresses are as follows:**

**Town of Newington Assessor**  
**200 Garfield Street**  
**Newington, CT 06111**

( : 860-665-8530

**Town of Newington Town Clerk**  
**200 Garfield Street**  
**Newington, CT 06111**

( : 860-665-8545