



**Town of Burlington**  
**Local ADDITIONAL VETERAN EXEMPTION Application**  
**2021 Grand List**

**Filing Period February 1 through September 30, 2021**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Email address: \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Year Property Acquired \_\_\_\_\_

If resided at above address less than two years, previous address owned & occupied in Burlington.

\_\_\_\_\_ Burlington, CT

Married \_\_\_\_\_ Unmarried \_\_\_\_\_ Surviving Spouse (60-65) \_\_\_\_\_ Disabled \_\_\_\_\_ (proof required)

Did you file a federal Income Tax Return for 2020? Yes \_\_\_\_\_ (attach copy) No \_\_\_\_\_

**DO NOT INCLUDE ANY STIMULUS PAYMENTS RELATED TO COVID 19**

A. Gross Income last calendar year (2020) \$ \_\_\_\_\_

B. Non-taxable interest (i.e. tax-exempt bonds) \$ \_\_\_\_\_

C. Social Security or Railroad Retirement \$ \_\_\_\_\_  
Taxable and Non Taxable (attach SS1099)

D. Any income not reflected above \$ \_\_\_\_\_

Total Income \$ \_\_\_\_\_

I certify that the information provided by me is true and accurate. I understand that any false or inaccurate information will result in denial and or revocation of this benefit and that I will be liable to the Town of Burlington for repayment of said benefits.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

**\*\*\*\*\* ASSESSOR USE ONLY \*\*\*\*\***

Qualified for local Credit: Yes \_\_\_\_\_ No \_\_\_\_\_ Reason disallowed: \_\_\_\_\_

Unique ID: \_\_\_\_\_ % Ownership \_\_\_\_\_ Amount local exemption \$ \_\_\_\_\_

\_\_\_\_\_  
Assessor

\_\_\_\_\_  
Date