

**ASSESSOR'S OFFICE
TOWN OF SCOTLAND
9 DEVOTION ROAD, PO BOX 122
SCOTLAND, CT 06264
Phone: 860-423-9634 / Fax: 860-423-3666
Email: assessor@scotlandct.org**

TOTALLY DISABLED EXEMPTION

Under the Connecticut General Statutes, §12-81(55), state residents that are permanently and totally disabled are eligible for an assessment reduction of \$1,000. Eligible persons:

1. Receive permanent total disability benefits from the Social Security Administration or receive benefits through a federal, state or local government retirement or disability plan with qualification requirements comparable to those of the Social Security Administration and
2. Own property in their own name, have life use in or are the beneficiary of an estate held in trust for his/her spouse, who is domiciled with him/her.

To apply, complete an application and provide proof of your permanent total disability, such as:

- a) A current Award letter from the Social Security Administration or
- b) A form SSA-1099 showing a Medicare deduction or
- c) A current computer generated message from Social Security that states the person is disabled, such as a TPQY or
- d) Current proof of permanent and total disability from a federal, state, municipal or other government related program.

If you apply before January 27, 2022, the exemption will be applicable to the 2021 Grand List. You only need to apply once for the exemption.

If you have any questions, please contact the assessor's office at 860-423-9634 or email assessor@scotlandct.org. The hours are Thursday, 10:00 am – 3:00pm and by appointment.

TOTALLY DISABLED TAX EXEMPTION

Prepare in Triplicate
Original - Assessor
Copy - Applicant
Copy - OPM

IMPORTANT:
Check At Least
One Box

TO: ASSESSOR, Town of _____

I hereby apply for the \$1,000 tax exemption (off my assessed value) as provided for in Connecticut General Statute Sec. 12-81(55):

NAME (Last)	(First)	(Middle Initial)	BIRTHDATE	SOCIAL SECURITY #
ADDRESS (No., Street, Town or City) (State) (Zip Code)			APPLICANT'S TELEPHONE #	

Must check one box and provide acceptable documentation:

Proof of eligibility, in accordance with applicable federal regulations, to receive Permanent Total Disability benefits under Social Security,

If the applicant has not been engaged in employment covered by Social Security and accordingly has not qualified for benefits thereunder must provide:

Proof of eligibility for Permanent Total Disability benefits under any federal, state or local Government retirement or disability plan, including the Railroad Retirement Act and any Government-related teacher's retirement plan, determined by the Secretary of the Office of Policy and Management to contain requirements in respect to qualification for such permanent Total Disability benefits that are comparable to such requirements under Social Security,

Proof that the applicant has attained the age of sixty-five (65) or over and would be eligible in accordance with applicable federal regulations to receive permanent total disability benefits under Social Security or any such federal, state or local government retirement or disability plan as described above.

CERTIFICATION

I CERTIFY UNDER THE PENALTIES OF FALSE STATEMENT THAT I MEET THE REQUIREMENTS OF CONNECTICUT GENERAL STATUTE Sec. 12-81(55) AND AM ENTITLED TO THE TAX EXEMPTION PROVIDED FOR THEREIN.

Applicant's Signature

Date

APPROVED

Assessor's Signature

Date