



**Town of Woodbridge
Assessors Office
11 Meetinghouse Lane
Woodbridge, CT 06525
(203) 389-3416**

Town of Woodbridge Gold Star Program

Application filing February 1st – October 1st Year 20_____

1. Name of Applicant **Birthdate** **Social Security No.**

2. Spouse's name **Birthdate** **Social Security No.**

3. Marital Status

Married Single Surviving Spouse Surviving Parent

5. Property Location

Gross Income - Includes: Federal Gross Income or its equivalent. Such as, but not limited to wages, lottery winnings, pensions, IRA withdrawals, interest, dividends and net rental income (excluding depreciation).

\$ _____

Non-taxable Interest - Example: Interest from Tax Exempt Government Bonds

\$ _____

Social Security or Railroad Retirement Income - Add Medicare premiums(attach SSA 1099) \$ _____

Any income not reflected in the above - Examples: Federal Supplemental

Security income, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, Veteran's Disability Payments

\$ _____

TOTAL

\$ _____

I am hereby applying to the Town of Woodbridge for a Gold Star exemption. I declare the information supplied on this application is true and complete. By my signature, I accept and acknowledge that I have the responsibility to immediately notify the Town of Woodbridge of any changes that would affect my status to receive this exemption. I also agree to pay all property taxes and interest that result if the Town receives information, which changes my ability to receive this exemption.

Applicant's signature

Date

Phone number

FOR ASSESSOR ONLY

Application accepted

Application denied because _____