



TOWN OF GRANBY

Town Hall, 15 North Granby Road, Granby, Connecticut 06035-2102

November 24, 2025

Re: Permanently and Totally Disabled Veteran 100% Service-Connected Tax Exemption

Dear Veteran,

Pursuant to Section 12-93 of the Connecticut General Statutes, as amended by Public Act 25-168, the Office of Policy and Management has prescribed an annual application for assessment years beginning on or after October 1, 2025.

If you hold a 100% service-connected disability rating (see Sample Letter enclosed) through the U.S. Department of Veterans Affairs, please complete the enclosed application, provide proof of eligibility from the VA—such as your **2025 VA Disability Award Letter**—and return the enclosed updated **Assessor's Additional Information Form** to be considered for an exemption on the 2025 Grand List. Please note that applications must be received on or before January 1, 2026.

You may access your VA Benefit Summary Letter online at www.va.gov/records or by calling the VA directly at 800-827-1000.

This courtesy mailing is being provided because the annual application is new this year. Going forward, the application will be available on the **Town of Granby Website**. **Supplying this information by January 1 each year will be your responsibility.**

You may also email the information to Elise or Sue at ecrowston@granby-ct.gov or sjaltieri@granby-ct.gov.

We appreciate your cooperation in the implementation of this updated legislation. If you have any questions, please contact the Assessor's Office at 860-844-5311.

Respectfully,

Assessor's Office
Town of Granby

Enclosures

**PERMANENTLY AND TOTALLY DISABLED VETERAN
100% SERVICE-CONNECTED DISABILITY RATING
TAX EXEMPTION**



**Application is due annually not later than January 1st
Submit application and required documentation to your local municipal Assessor's office**

I hereby apply for tax exemption as provided for in Connecticut General Statute Section 12-81(83):

NAME (Last)	(First)	(Middle Initial)	BIRTHDATE	<input type="checkbox"/> SOCIAL SECURITY # or <input type="checkbox"/> DEPT OF DEFENSE #
ADDRESS (No., Street, Municipality) (State) (Zip Code)			APPLICANT'S TELEPHONE #	

Must check applicable boxes and provide acceptable documentation:

- ☐ I am a resident of this state who has served in the Army, Navy, Marine Corps, Coast Guard, Air Force or Space Force of the United States;
- ☐ I am a resident of this state and the spouse, widow, widower, or child of deceased veteran held in trust of a Veteran who has served in the Army, Navy, Marine Corps, Coast Guard, Air Force or Space Force of the United States;
- ☐ Proof of eligibility: Attach copy of determination by the United States Department of Veterans Affairs to be permanently and totally disabled based on a service-connected disability rating of one hundred per cent (100%).

CERTIFICATION

I CERTIFY UNDER THE PENALTIES OF FALSE STATEMENT THAT I MEET THE REQUIREMENTS OF CONNECTICUT GENERAL STATUTE Sec. 12-81(83) AND AM ENTITLED TO THE TAX EXEMPTION PROVIDED FOR THEREIN. I HAVE NOT SUBMITTED, AND WILL NOT SUBMIT, A CLAIM FOR THIS EXEMPTION IN ANY OTHER MUNICIPALITY.

Applicant's Signature

Date

ASSESSOR USE ONLY

☐ Approved ☐ Not Approved - reason: _____

Assessor Signature: _____

Date: _____

ASSESSOR'S ADDITIONAL INFORMATION FORM

Name of Veteran: _____ Date of Birth: _____

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Legally Separated

Spouse name, if applicable: _____ Spouse Date of Birth: _____

Veteran's mailing address: _____

Veteran's phone number(s): _____

Veteran's email address: _____

Is your dwelling in Granby your primary residence? ☐ YES or ☐ NO

Is your property a multi-family residence? ☐ YES or ☐ NO

IF YES, please specify your unit number and percentage occupied. _____

Does the property for which you are seeking the exemption have multiple dwellings? ☐ YES or ☐ NO

If YES, please describe the specific dwelling that you reside in (style, color, number, etc.): _____

Is your primary residence in your spouse's name only? ☐ YES or ☐ NO

Are you currently receiving Veteran/Military Benefits in another town/state: ☐ YES or ☐ NO

If YES, where? _____

Are you currently receiving any Tax Benefits in another town/state: ☐ YES or ☐ NO

Such as: Homestead Exemption, etc.

If YES, where? _____

Is your current and permanent residence in Granby in a TRUST? ☐ YES or ☐ NO

If YES, please provide a copy of the Trust documents for review to determine eligibility. Please provide a copy of the Trust to the Granby Assessor's Office on or before January 1, 2026.

Are you currently registered to vote? ☐ YES or ☐ NO

If YES, where? _____

Veteran's Signature: _____ Date: _____

The Veteran's signature deposes that the above information is true and complete.

Appendix A – Example of U.S. DVA Summary of Benefits Letter

Sample



DEPARTMENT OF VETERANS AFFAIRS

February 1, 2023

[Redacted]
GT

In Reply Refer to:

[Redacted]

Dear [Redacted]:

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

Your VA claim number is: [Redacted]

You are the Veteran.

Military Information

Your most recent, verified periods of service (up to three) include:

Branch of Service	Character of Service	Entered Active Duty	Released/Discharged
[Redacted]	Honorable	[Redacted]	[Redacted]

(There may be additional periods of service not listed above.)

VA Benefit Information

You have one or more service-connected disabilities:

Yes

Your combined service-connected evaluation is:

100%

Your current monthly award amount is:

[Redacted]

The effective date of the last change in your current award was:

December 01, 2022

You are considered to be totally and permanently disabled due solely to your service-connected disabilities:

Yes

The effective date of when you became totally and permanently disabled due to your service-connected disabilities:

[Redacted]