

OFFICE OF POLICY AND MANAGEMENT
APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER

_____ GRAND LIST
OWNER

1. Return this set intact to the Assessor's Office. Do not separate
2. EXTREMELY IMPORTANT. Read instructions available at Assessor's
3. FILING PERIOD: FEBRUARY 1st through MAY 15th

1. NAME (Last)	(First)	(Middle Initial)	YOUR BIRTH DATE (Mo, Day, Yr)	YOUR SOCIAL SECURITY NO.
2. SPOUSES NAME (Last)	(First)	Middle Initial)	SPOUSES BIRTH DATE (Mo, Day, Yr)	SPOUSES SOCIAL SECURITY NO.
3. MAILING ADDRESS (No. and Street)		CITY OR TOWN (Don't Abbreviate)		STATE
4. PROPERTY ADDRESS (No. and Street) ONLY IF DIFFERENT FROM 3 ABOVE		CITY OR TOWN	STATE	ZIP CODE
OTHER NAME ON PROPERTY				

5. FILING STATUS:

CHECK ONLY ONE: MARRIED UNMARRIED SURVIVING SPOUSE (AGE 50 TO 65) PROOF REQUIRED

IF SPOUSE IS A RESIDENT OF A HEALTH CARE
OR A NURSING HOME FACILITY IN CT AND ON
TITLE XIX PROOF REQUIRED

NURSING HOME

IF APPLICANT IS
TOTALLY DISABLED

TOTALLY DISABLED

CHECK HERE:

CURRENT PROOF
REQUIRED

CHECK HERE

6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? YES (Attach Copy) - NO

7. INCOME RECEIVED DURING LAST CALENDAR YEAR:

- | | | |
|---|----|----------|
| A. TAXABLE INCOME – Includes: Federal Adjusted Gross income or its equivalent. Also includes, but is not limited to wages lottery winnings, taxable pensions, IRA's, interest, dividends and net rental income. | A. | \$ _____ |
| B. NON-TAXABLE INTEREST – Example: Interest from Tax Exempt Government Bonds | B. | \$ _____ |
| C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME – Add Medicare premiums (Attach SSA 1099) | C. | \$ _____ |
| D. 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, and any other income not listed above. | D. | \$ _____ |
| E. TOTAL Add lines 7A through 7D | E. | \$ _____ |

EXPLAIN OTHER:

8. APPLICANT'S /
AUTHORIZED
AGENT'S
AFFIDAVIT

The applicant or authorized agent deposes that the above statements are true and complete and claims tax relief under provisions of the Connecticut General Statutes. The property for which tax relief is claimed, is the permanent residence/domicile of the applicant. He / She is not receiving State Elderly tax benefits under section 12-129b, section 12-170d, in any town. The penalty for making a false affidavit is the refund of all credits improperly taken and a fine of \$500.00 or imprisonment for one year, or both. Your signature signifies that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT X	Date signed (Mo, Day, Yr) ____/____/____	APPLICANT'S OR AGENT'S PHONE NO. () - (INCL. AREA CODE)	AGENT'S RELATIONSHIP
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STOP! DO NOT WRITE BELOW THIS LINE – FOR ASSESSOR'S USE ONLY

9. Date Application Received: ____/____/____	10. Total percentage of property (in fee or in life use) owned by this applicant _____%	14. Allowable Table Percentage _____%
PROPERTY'S GROSS ASMNT: \$ _____	APPLICANT'S GROSS ASMT: \$ _____* Subtract Exemptions for: Blind _____ Disabled _____ Veteran's _____ Local Options _____ Add'l Vets _____	15. Credit Maximum: a. Line 13 X Line 14 \$ _____ b. Table Ceiling X Line 10 \$ _____
*Based on % of Ownership	11. Net Assessment based on ownership (line 10) minus total exemptions Must agree to the continuation sheet \$ _____	16. a. Lesser of Line 15a or 15b..... \$ _____ b. Minimum Grant..... \$ _____
12. Mill Rate:	13. Amount of Property Tax: \$ _____	17. CREDIT AMOUNT Greater of 16a or 16b..... \$ _____

12. ASSESSOR'S AFFIDAVIT	<p>13. Amount of Property Tax: \$ _____</p> <p><input type="checkbox"/> - I am satisfied that the above named applicant meets all the necessary statutory requirements</p> <p><input type="checkbox"/> - This claim is disallowed for the following reason: _____</p> <p>Please see the instructions at the Assessor's Office if you need to appeal this decision</p>
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SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF	Date signed (Mo., Day, Yr.) ____/____/____
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