



Town of Brookfield Senior Tax Relief Program Application

Name _____ Total Income _____
Location _____ Assessment _____
Unique ID# _____ Date Property Purchased _____

1. Date of Birth _____
If you are **not** age 65 by December 31, 2023 are you:
*** 100% disabled? Yes _____ No _____
If yes, please provide current proof of disability if new to program
*** Age 60 and a surviving spouse of a previously qualified applicant? Yes _____ No _____
If yes Name of applicant _____
2. Have you resided and paid taxes in Brookfield for at least five years prior to this application? Yes _____ No _____
3. Do you have life use? Yes _____ No _____
4. Did you own a home in Brookfield prior to your current address? Yes _____ No _____
If so, previous address _____
5. Is this property your legal domicile and will it be for at least 183 days in each Grand List Year for which you are claiming benefits? Yes _____ No _____
6. Do you own property in any other jurisdiction? Yes _____ No _____
If Yes, Name of jurisdiction _____
7. Are you receiving tax benefits or homestead program in any other jurisdiction? Yes _____ No _____
8. Do you share ownership with anyone other than your spouse? Yes _____ No _____
If yes, Name _____
Their % of Ownership _____
9. Is this property a multifamily dwelling? If yes, how many units? _____ Yes _____ No _____
10. Do you receive income from a trust or any other source not included in the financial statements provided? **This includes Veteran's Disability Payment.** Yes _____ No _____
If yes, amount of income received? \$ _____
11. Is the property held in trust? **If YES, please provide a copy of trust** Yes _____ No _____
If yes, who is pays the taxes? Trust _____ Owner _____

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 tax benefits in any other jurisdiction. 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.

Signed _____ Name _____ Date _____

FOR OFFICE USE ONLY:

Intake: Tax Assessor Rep. _____ Date _____

Processed by: Rep _____ Date _____

Approved ET _____ ES _____ VT _____ VS _____

Denied ET _____ ES _____ VT _____ VS _____ Reason _____

Final approval: Rep _____ Date _____