

TOWN OF BROOKFIELD

2023 GRAND LIST OWNER

TOWN ELDERLY
Base Year = 0
UID =

APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER
1. Return this to the Assessor's Office.
3. FILING PERIOD: FEBRUARY 1st through MAY 15th

1. NAME (Last) (First) (Middle Initial)			YOUR BIRTH DATE (Mo, Day, Yr)		YOUR SOCIAL SECURITY #	
_____			____/____/____		____-____-____	
2. SPOUSE'S NAME (Last) (First) (Middle Initial)			SPOUSE'S BIRTH DATE (Mo, Day, Yr)		SPOUSE'S SOC. SEC. #	
_____			____/____/____		____-____-____	
3. MAILING ADDRESS (No. and Street)			CITY OR TOWN (Don't Abbreviate)		STATE ZIP CODE	
_____			_____		_____	
4. PROPERTY ADDRESS (No. and Street) (Only if different from above)			CITY OR TOWN (Don't Abbreviate)		STATE ZIP CODE OTHER NAME ON PROPERTY	
_____			_____		_____ 	
5. FILING STATUS - CHECK ONLY ONE: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Surviving Spouse (Age 50 to 65) <input type="checkbox"/> Civil Union						
IF SPOUSE IS A RESIDENT OF A HEALTH CARE NURSING HOME IF APPLICANT IS TOTALLY DISABLED TOTALLY DISABLED						
OR A NURSING HOME FACILITY IN CT AND						
ON TITLE XIX PROOF REQUIRED CHECK HERE: <input type="checkbox"/> CURRENT PROOF REQUIRED CHECK HERE: <input type="checkbox"/>						
6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? <input type="checkbox"/> YES (Attach Copy) <input type="checkbox"/> NO						
7. INCOME RECEIVED DURING LAST CALENDAR YEAR:						
A. GROSS INCOME - Includes Federal 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. If you file a Federal Income Tax Return, enter the Adjusted Gross Income plus any other 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. _____						
EXPLAIN OTHER: _____ E. TOTAL Add lines 7A through 7D E. _____						
8. APPLICANT'S/ The applicant or authorized agent deposes that the above statements are true and complete and claims tax relief						
AUTHORIZED under provisions of the Connecticut General Statutes. The property for which tax relief is claimed is the						
AGENT'S permanent residences/domicile of the applicant. He/she is not receiving State Elderly tax benefits under section						
AFFIDAVIT 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 Date signed (Mo, Day, Yr) APPLICANT'S OR AGENT'S PHONE NO. AGENT'S RELATIONSHIP						
X _____ ____/____/____ () INCL. AREA CODE						
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 ASMT: \$ _____		APPLICANT'S GROSS ASMT: \$ _____ *		15. Credit Maximum:		
				a. Line 13 X Line 14 \$ _____		
Subtract Exemptions for:		Blind - \$ _____		b. Table Ceiling x Line 10 \$ _____		
		Disabled - \$ _____				
* Based on Percentage of Ownership		Veteran's - \$ _____		16. a. Lesser of Line 15a or 15b \$ _____		
		Local Options - \$ _____		b. Minimum Grant \$ _____		
		Add'l Vets - \$ _____				
11. Net Assessment based on ownership (Line 10) minus total exemptions (MUST agree to continuation sheet) \$ _____				17. CREDIT AMOUNT Greater of 16a or 16b \$ _____		
12. Mill Rate: _____				13. Amount of Property Tax: \$ _____		
ASSESSOR'S _____ I am satisfied that the above named applicant meets all the necessary statutory requirements						
AFFIDAVIT _____ This claim is disallowed for the following reason: _____						
Please see the instructions at the Assessor's Office if you need to appeal this decision.						
SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF				Date Signed (Mo,Day,Yr)		
X _____				____/____/____		