

APPLICATION FOR TAX CREDITS
 ELDERLY AND TOTALLY DISABLED HOMEOWNER
 FILING PERIOD: FEBRUARY 1st through MAY 15th

-00 (00)

1. NAME (Last) (First) (Middle Initial) | YOUR BIRTH DATE (Mo, Day, Yr) | YOUR SOC. SEC. #
 _____ | ____/____/____ | ____-____-____

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) CITY OR TOWN (Don't Abbreviate) STATE ZIP CODE | OTHER NAME ON PROPERTY
 (Only if different from 3 above) |

5. FILING STATUS - CHECK ONLY ONE:
 _____ Civil Union _____ 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 CURRENT PROOF REQUIRED | IF APPLICANT IS 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. CT QUALIFYING INCOME RECEIVED DURING LAST CALENDAR YEAR:

A. 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).
 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 OTHER INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, Veteran's Disability Pensions, 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 residence/domicile of the applicant. He/she is not receiving State Elderly tax benefits under section
 AFFIDAVIT | 12-129b or 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: _____ %
 ____/____/____

PROPERTY'S GROSS ASMT: \$ _____ APPLICANT'S GROSS ASMT: \$ _____ *
 Subtract Exemptions for: Blind - \$ _____

Disabled - \$ _____
 * Based on Percentage of Ownership Veteran's - \$ _____

Local Options - \$ _____
 Add'l Vets - \$ _____

11. Net Assessment (based on APPLICANT'S GROSS ASMT. minus total exemptions) (MUST agree with the continuation sheet) \$ _____ 17. CREDIT AMOUNT
 Greater of 16a or 16b \$ _____

12. Mill Rate: | 13. Amount of Property Tax: or **13a. Amount of Frozen Tax: **NOTE: If local freeze program is offered by municipality
 \$0.00 you must enter frozen tax amount in Box 13a and Box 15a

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: _____
 | {Per Connecticut General Statutes Section 12-170cc an applicant has the right to appeal the assessor's decision
 | to the Secretary of OPM, in writing, within 30 business days from the date of notice given by the Assessor}

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF | Date Signed (Mo,Day,Yr)

X _____ | ____/____/____