



## OFFICE OF THE ASSESSOR

40 MAIN STREET  
NORTH STONINGTON, CT 06359  
TELEPHONE: (860)535-2877 EXT. 23

April 14, 2023

Dear Homeowner:

Every two years, homeowners and totally disabled residents must make an application for the renewal of their Connecticut homeowner's benefits. **This is your year to reapply.**

This letter is being sent to remind you that you must file for your homeowner's discount before May 15, 2023. You may have an agent make the application for you if you are unable.

Please contact the State of Connecticut Office of Policy and Management if you need a time extension due to medical reasons. The time extension must be approved by the Office of Policy and Management before you apply with the Assessor's Office if you miss the deadline of May 15<sup>th</sup>.

The income limits for this year's filing are \$49,100 for a married couple or \$40,300 for an unmarried person. The income includes all income for 2022 including but not limited to, social security income (your 1099 statements are required), your W2 form(s), pension income statements, interest income statements, dividend income statements, and any other income you received.

If you are required to file a 1099 income tax with the Federal Government or the State of Connecticut, a copy of your IRS Form 1099 is required along with the attached proof of all income. You may not file your homeowner's application until your income tax forms have been completed.

If you do not need to file an income tax return, all proof of income, plus your social security end of year statement is required to complete the application.

The Assessor's Office will take applications between 9:00 am and 3:30 pm.

Respectfully,

Darryl L. Del Grosso, CCMA II  
Assessor  
Town of North Stonington, CT.

PLEASE PRINT OR TYPE  
Local App.

Municipality  
NORTH STONINGTON  
APPLICATION FOR LOCAL VETERAN'S EXEMPTION  
FILE BIENNIALY  
FILING PERIOD FEB. 1 - OCT. 1

GRAND LIST

1. NAME (Last)	(First)	(Middle Initial)	YOUR SOCIAL SECURITY NO.
2. SPOUSE'S NAME (Last)	(First)	(Middle Initial)	SPOUSE'S SOCIAL SECURITY NO.
3. PROPERTY LOCATION (No. And Street)	CITY OR TOWN	STATE	ZIP CODE
MAILING ADDRESS (If different from above)			Telephone Number
4. MARITAL STATUS	Married	Unmarried (Single, Divorced or Legally Separated)	Surviving Spouse (Age 50)

5. QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDER YEAR) :

NOTE: Veteran's Disability payments are not considered income for this program.

A. GROSS INCOME - Examples: Wages, Bonuses, Commissions, Fees, Gratuities, Payment for Jury Duty (excluding travel allowance), Lottery winnings, Taxable portion of Annuities and Pensions (including Veteran's), Taxable portion of IRA's, Interest, Dividends, Net rent or proceeds from sales of property, etc. If you are required to file a Federal Income Tax Return, enter the amount of Adjusted Gross Income Plus any other income and attach a copy of the return to this application.

A. \$

B. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds

B. \$

C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - (Gross Amount)

Exclude only if 100% disabled by the United States Department of Veterans Affairs.

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, and any other income not listed above.

D. \$

E. TOTAL Add lines 5a through 5d

E. \$

6. Are you presently receiving a 100% disability rating from the Veteran's Administration? Yes No

7. APPLICANTS  
AFFIDAVIT

The Applicant herein claims a property tax exemption under provisions of the General Statutes, deposes that the above statements are true and complete and that he/she is not receiving a State exemption in accordance with Section 12-81g in any other town or city. The signature below indicates that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

X

Date signed (Mo, Day, Year)

\_\_/\_\_/\_\_

STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY

8. THE APPLICANT IS RECEIVING THE FOLLOWING LOCAL EXEMPTION : Amount \$

9. EXEMPTION APPLIED TO: Real Estate Personal Property Motor Vehicles Motor Vehicle Supplemental  
Account No.:

10. ASSESSOR'S  
AFFIDAVIT

- I am satisfied that the above named applicant meets all the necessary statutory requirements.  
- This claim is disallowed for the following reason :

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF

X

Date signed (Mo, Day, Year)

\_\_/\_\_/\_\_

**STATE OF CONNECTICUT - OFFICE OF POLICY AND MANAGEMENT**  
**APPLICATION FOR TAX CREDITS**  
**ELDERLY AND TOTALLY DISABLED HOMEOWNER**  
 IMPORTANT: Read Instructions available at Assessor's office  
 FILING PERIOD: FEBRUARY 1st through MAY 15th

GRAND LIST OWNER

1. NAME (Last) (First) (Middle Initial)			YOUR BIRTH DATE (Mo, Day, Yr)		YOUR SOC. SEC #	
2. SPOUSE'S NAME (Last) (First) (Middle Initial)			SPOUSE BIRTH DATE (Mo, Day, Yr)		SPOUSE SOC. SEC #	
3. MAILING ADDRESS (No. And Street)			CITY OR TOWN (Dont Abbreviate)		STATE ZIP CODE	
4. PROPERTY ADDRESS (No. And Street) (Only if Different From 3 Above)			CITY OR TOWN (Dont Abbreviate)		STATE ZIP CODE OTHER NAME ON PROPERTY	
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 CURRENT PROOF REQUIRED			
CHECK HERE : _____			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).						
B. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds						
C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - Add Medicare premiums (Attach SSA 1099)						
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.						
E. TOTAL Add Lines 7A through 7D E. _____						
8. APPLICANT'S / AUTHORIZED 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 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 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. 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: APPLICANT'S GROSS ASMT \$ _____ Blind - \$ _____ Disabled - \$ _____ Veteran's - \$ _____ Local Option's - \$ _____ Add'l Vets - \$ _____		14. Allowable Table Percentage: _____	
PROPERTY'S GROSS ASMT _____		* Based on Percentage of Ownership		15. Credit Maximum: a. Line 13 or **13a X Line 14 _____ b. Table Ceiling x Line 10 _____	
11. NET ASSESSMENT (based on APPLICANT'S GROSS ASMT minus total exemptions) (MUST agree with the continuation sheet)				16. a. Lesser of Line 15a or 15b _____ b. Minimum Grant _____	
12. Mill Rate:		13. Amount of Property Tax: or **13a. Amount of Frozen Tax:		17. CREDIT AMOUNT Greater of 16a or 16b _____	
ASSESSOR'S AFFIDAVIT		**NOTE: If local freeze program is offered by municipality you must enter frozen tax amount in Box 13a and Box 15a I am satisfied that the above named applicant meets all the necessary statutory requirements 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 X _____				Date signed (Mo, Day, Yr)	

TOWN OF NORTH STONINGTON  
2023 GRAND LIST – LOCAL OPTION APPLICATION FOR  
HOMEOWNERS AND SOCIAL SECURITY DISABLED

Filing Dates: February 1, 2024 – MAY 15, 2024

Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Property Address: \_\_\_\_\_

North Stonington, Connecticut 06359

Mailing Address: \_\_\_\_\_

City/Town/State: \_\_\_\_\_

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, taxable pensions, IRA's interest, dividends, and net rental income (excludes 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 INCOME NOT REFLECTED IN THE ABOVE – Examples: Federal Supplemental Security Income, Veteran's Pensions, Veteran's Disability Payments, and other income Not listed above.

D. \$ \_\_\_\_\_

E. TOTAL Add lines A through D

E. \$ \_\_\_\_\_

Signature of Applicant or Agent \_\_\_\_\_

Date Signed \_\_\_\_\_

Phone # \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

State Elderly Benefit: \_\_\_\_\_

Veterans Benefit: \_\_\_\_\_

Town Benefit: \_\_\_\_\_

Additional Veterans Benefit: \_\_\_\_\_

Total Benefit: \_\_\_\_\_

Approved: \_\_\_\_\_