



OFFICE OF THE ASSESSOR

40 MAIN STREET
NORTH STONINGTON, CT 06359
TELEPHONE: (860)535-2877 EXT. 123

EMAIL – assessor@northstoningtonct.gov

February 1, 2024

Attention: Elderly residents of the Town of North Stonington

The Town of North Stonington has a new program for residents and homeowners of North Stonington who are at least 65 years old as of January 1, 2024, or are receiving disability benefits from Social Security. The maximum income to qualify for this new program is \$65,000. This maximum income applies to both married and single homeowners.

This new program is in addition to the State of Connecticut Elderly Homeowners Program which begins again on February 1, 2024.

The application process is being handled by the Assessor's Office. We are asking all homeowners who are on the State Homeowners Program to apply for this program even if it is not your year to reapply for the State Elderly Program.

Veterans who qualify for the additional veteran's program are also encouraged to apply for this program and your additional veteran's benefit.

The Town of North Stonington wants everyone who may qualify for this additional help on their property taxes to check to see if they are qualified.

Help is available in the Assessor's Office to fill out the applications.

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

Sincerely,

Darryl L. Del Grosso, C. C. M. A. II
Assessor
Town of North Stonington

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 <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced or Legally Separated) <input type="checkbox"/> Surviving Spouse (Age 50 or over)	

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

GRAND LIST OWNER

ELDERLY AND TOTALLY DISABLED HOMEOWNER

IMPORTANT: Read Instructions available at Assessor's office

FILING PERIOD: FEBRUARY 1st through MAY 15th

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:			
<input type="checkbox"/> Civil Union <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> 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 ?			
		<input type="checkbox"/> YES (Attach Copy) <input type="checkbox"/> 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 / 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

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 \$ _____	15. Credit Maximum:
	Blind - \$ _____	a. Line 13 or **13a X Line 14
	Disabled - \$ _____	b. Table Ceiling x Line 10
* Based on Percentage of Ownership	Veteran's - \$ _____	16. a. Lesser of Line 15a or 15b
	Local Option's - \$ _____	b. Minimum Grant
	Add'l Vets - \$ _____	17. CREDIT AMOUNT
11. NET ASSESSMENT (based on APPLICANT'S GROSS ASMT minus total exemptions) (MUST agree with the continuation sheet)		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 you must enter frozen tax amount in Box 13a and Box 15a
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: _____ (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

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: _____
