



## OFFICE OF THE ASSESSOR

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

January 25, 2023

Dear Homeowner:

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

New applications are also being taken. Requirements for new applicants are that you or your spouse must be at least 65 years old on January 1, 2023 or one of you must have been considered disabled by social security before October 1, 2022.

Beginning on February 1, 2023 till May 15, 2023 you or your authorized agent must file with the assessor's office a new application for the State of Connecticut Homeowners program.

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), 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 1040 income tax form, with the federal government or the state of Connecticut, a copy is required along with the attached proof of income. You may not file your homeowner's application until your income tax forms have been completed.

If you are not required to file an income tax return, all proof of income is required plus your social security form(s) are required in order to complete the application.

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

Respectfully,

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

BIENNIAL APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION

FILING PERIOD FEBRUARY 1<sup>st</sup> - OCTOBER 1<sup>st</sup>

1. NAME (Last) (First) (Middle Initial)	SOCIAL SECURITY NO.
2. SPOUSE'S NAME (Last) (First) (Middle Initial)	SOCIAL SECURITY NO.
3. PROPERTY LOCATION (No. and Street) CITY OR TOWN STATE	ZIP CODE
MAILING ADDRESS (If different from above)	TELEPHONE NO.

4. MARITAL STATUS: MARRIED or UNMARRIED: SINGLE DIVORCED WIDOW/WIDOWER LEGALLY SEPARATED

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

NOTE: VETERANS' 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 U.S. Dept. of Veterans Affairs? Yes No

7. APPLICANT'S 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, Yr)

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

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

8. THE APPLICANT IS RECEIVING THE FOLLOWING VETERAN'S EXEMPTION ("A" Code):

Amount \$ \_\_\_\_\_

9. ADDITIONAL EXEMPTION ALLOWED ("B" Code):

(If less than full additional exemption used, NOTE FULL EXEMPTION here \$ \_\_\_\_\_) \$ \_\_\_\_\_

10. ADDITIONAL EXEMPTION ALLOWED: PUBLIC ACT 13-224 MUNICIPAL OPTION

(If less than full additional exemption used, NOTE FULL EXEMPTION HERE \$ \_\_\_\_\_) \$ \_\_\_\_\_

11. EXEMPTION APPLIED TO: Real Estate Motor Vehicle Personal Property Supplemental Motor Vehicles

12. 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

Date signed (Mo.,Day,Yr.)

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

PLEASE PRINT OR TYPE

M-35H Rev. 12/2018

STATE OF CONNECTICUT - OFFICE OF POLICY AND MANAGEMENT

# APPLICATION FOR TAX CREDITS ELDERLY AND TOTALLY DISABLED HOMEOWNER

FILING PERIOD: FEBRUARY 1st through MAY 15th

**OWNER  
GRAND LIST**

1. NAME (Last)	(First)	(Middle Initial)	YOUR BIRTH DATE (mm/dd/yyyy) / /	YOUR SOCIAL SECURITY NO. - -
2. SPOUSE'S NAME (Last)	(First)	(Middle Initial)	SPOUSE'S BIRTH DATE (mm/dd/yyyy) / /	SPOUSE'S SOCIAL SECURITY NO. - -
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 3. ABOVE	CITY OR TOWN	STATE	ZIP CODE	OTHER NAME ON PROPERTY
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5. FILING STATUS: ☐ CIVIL UNION  
CHECK ONLY ONE: ☐ 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 <u>CURRENT PROOF REQUIRED</u> CHECK HERE: <input type="checkbox"/>	IF APPLICANT IS TOTALLY DISABLED <u>CURRENT PROOF REQUIRED</u> CHECK HERE: <input type="checkbox"/>
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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/ AUTHORIZED AGENT'S 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 not more than \$500.00. Your signature signifies that this affidavit has been read and understood.
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SIGNATURE OF APPLICANT OR AUTHORIZED AGENT X	Date signed (mm/dd/yyyy) ____/____/____	APPLICANT'S or AGENT'S PHONE NO. ( )	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 _____%	14. Allowable Table Percentage: _____%
PROPERTY'S GROSS ASMT:\$ _____	APPLICANT'S GROSS ASMT: \$ - _____*	15. Credit Maximum:
Subtract Exemptions for: .Blind - _____	Disabled - _____	a. Line 13 or **13a X Line 14 \$ _____
* Based on % of ownership	Veteran's - _____	b. Table Ceiling X Line 10 \$ _____
Local Options - _____	Add'l Vets - _____	16.a. Lesser of Line 15a or 15b \$ _____
11. <u>Net Assessment</u> (based on APPLICANT'S GROSS ASMT. minus total exemptions) (MUST agree with the continuation sheet) \$ _____		b. Minimum Grant \$ _____
		17. <u>CREDIT AMOUNT</u> Greater of 16a or 16b \$ _____

12. Mill Rate: \$ \_\_\_\_\_ 13. Amount of Property Tax: \$ \_\_\_\_\_ or \*\*13a. Amount of Frozen Tax: \$ \_\_\_\_\_ **\*\*NOTE: If local option 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}
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SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF	Date signed (mm/dd/yyyy) / /
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