

APPLICATION FOR TAX CREDITS
 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'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

CHECK HERE: _____ IF APPLICANT IS TOTALLY DISABLED
 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/ 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 \$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) \$ _____

14. Allowable Table Percentage: _____ %

15. Credit Maximum:

a. Line 13 or **13a X Line 14 \$ _____

b. Table Ceiling x Line 10 \$ _____

16. a. Lesser of Line 15a or 15b \$ _____

b. Minimum Grant \$ _____

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 you must enter frozen tax amount in Box 13a and Box 15a
 \$0.00

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: _____

Please see the instructions at the Assessor's Office for appeal information.

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF

Date Signed (Mo, Day, Yr)

X _____/_____/_____