

OFFICE OF POLICY AND MANAGEMENT
APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER

- 1. Return this set intact to the Assessor's Office. Do not separate
2. EXTREMELY IMPORTANT. Read instructions available at Assessor's
3. FILING PERIOD : FEBRUARY 1st through MAY 15th

1. NAME (Last) (First) (Middle Initial) YOUR BIRTH DATE (Mo, Day, Yr) YOUR SOCIAL SECURITY NO.
2. SPOUSES NAME (Last) (First) (Middle Initial) SPOUSES BIRTH DATE (Mo, Day, Yr) SPOUSES SOCIAL SECURITY NO.
3. MAILING ADDRESS (No. and Street) CITY OR TOWN (Don't Abbreviate) STATE ZIP CODE
4. PROPERTY ADDRESS (No. and Street) CITY OR TOWN STATE ZIP CODE OTHER NAME ON PROPERTY ONLY IF DIFFERENT FROM 3 ABOVE

5. FILING STATUS :
CHECK ONLY ONE : [ ] MARRIED [ ] UNMARRIED [ ] SURVIVING SPOUSE (AGE 50 TO 65) PROOF REQUIRED
IF SPOUSE IS A RESIDENT OF A HEALTH CARE NURSING HOME IF APPLICANT IS TOTALLY TOTALLY DISABLED
OR A NURSING HOME FACILITY IN CT AND DISABLED CURRENT
ON TITLE XIX PROOF REQUIRED CHECK HERE: [ ] PROOF REQUIRED CHECK HERE: [ ]

6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? [ ] YES (Attach Copy) [ ] - NO

7. INCOME RECEIVED DURING LAST CALENDAR YEAR:
A. GROSS INCOME - Includes: Federal Adjusted Gross income or its equivalent. Also includes, but is not limited to wages lottery winnings, taxable pensions, IRA's, interest, dividends and net rental income. 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, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, Veteran's Disability Payments, 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, 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: Total percentage of property (in fee or in life use) owned by this applicant %
PROPERTY'S GROSS ASMT:\$ 10. APPLICANT'S GROSS ASMT: \$ \*
Subtract Exemptions for: Blind - Disabled - Veteran's - Local Options - Add'l Vets -
\* Based on % of Ownership
11. Net Assessment based on ownership (line 10) minus total exemptions (MUST agree to the continuation sheet) \$
12. Mill Rate: 13. Amount of Property Tax: \$
14. Allowable Table Percentage: %
15. Credit Maximum:
a. Line 13 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 . . . . . \$

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 if you need to appeal this decision
SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF Date signed (Mo.,Day,Yr.)