

TOWN CREDIT
Base Year = 0
UID =

APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER

- 1. Return this to the Assessor's Office.
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 #

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

5. FILING STATUS - CHECK ONLY ONE: Married Unmarried Surviving Spouse (Age 50 to 65) Civil Union

IF SPOUSE IS A RESIDENT OF A HEALTH CARE NURSING HOME IF APPLICANT IS TOTALLY DISABLED TOTALLY DISABLED
OR A NURSING HOME FACILITY IN CT AND
ON TITLE XIX PROOF REQUIRED CHECK HERE: 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. 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.
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 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.
E. TOTAL Add lines 7A through 7D
EXPLAIN OTHER:

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 residences/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: 10. Total percentage of property (in fee or in life use) owned by this applicant: %
PROPERTY'S GROSS ASMNT: \$ APPLICANT'S GROSS ASMT: \$ \*
Subtract Exemptions for: Blind - \$ Disabled - \$
\* Based on Percentage of Ownership Veteran's - \$ Local Options - \$ Add'l Vets - \$
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 \$
11. Net Assessment based on ownership (Line 10) minus total exemptions (MUST agree to continuation sheet) \$
17. CREDIT AMOUNT Greater of 16a or 16b \$

12. Mill Rate: 13. Amount of Property Tax: \$

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)