



ASSESSOR'S OFFICE 505 SILAS DEANE HWY WETHERSFIELD, CT 06109 PHONE: 860-721-2810 ASSESSOR@WETHERSFIELDCT.GOV

February 1, 2018

Dear Wethersfield Homeowner:

This is your renewal year for filing of the State and/or Local Tax Credit Applications.

Please read all directions carefully. You **must** include copies of social security statements, Federal income tax returns or ALL income statements (if you are no longer required to file).

Applications are taken MONDAY THROUGH FRIDAY, 8am – 4:30pm.

Maximum Income allowed on the State program: Unmarried- \$35,300 / Married- \$43,000

Maximum Income allowed on the Local program: Unmarried- \$35,300 / Married-\$43,000

Deadline for filing is Tuesday, May 15, 2018. If you have questions, please call 860-721-2810.

FILING DIRECTIONS

- **Enter your marital status as of the end of last year.** Be sure to check only ONE box.
 - Check SURVIVING SPOUSE only if this is the only way you qualify. You must have been on the program prior to the death of your spouse and at least 50 years old by December 31, 2017.
 - If you are married, check off the MARRIED box. Civil Unions will be recognized for purposes of filing as MARRIED. If your spouse died last year or this year, prior to applying, check the MARRIED box. You will be considered married for purposes of this application.
 - To file as UNMARRIED you must meet one of the following criteria: 1) Never been married, 2) Divorced, 3) Legally Separated, 4) Widow or widower.
- **Date of Birth should be in MM/DD/YYYY format.**
- **You should not write “Deceased” anywhere in the name or address area.**
- **Health care facility or nursing home resident:** If your spouse was on Title XIX and was a resident of a health care facility in Connecticut during the last year, you need not include his/her Social Security benefits for the months he/she was such a resident. **Attach a letter on the Nursing Home letterhead** stating the dates of residency and Title XIX status. An official of the Nursing Home must sign the letter.



- **Disabled:** If you are under 65, to qualify for the Tax Relief program, you must be on Social Security Disability or any other federal, state or local government disability plan, Railroad Retirement Act, or government related teacher’s disability plan determined comparable by OPM. Attach your current SSA-1099 and/or current award letter or other acceptable proof of disability (e.g. TPQY).
- **Income:**
 - Enter joint income of both husband and wife if you check off the Married box.
 - Enter a dollar amount or number -0-, if applicable. All line items in question 7 must be completed in this manner.
 - All monies received are to be considered part of your qualifying income, unless excluded. (See next paragraph, “Exclusions”).
 - **Do not use application as a worksheet.** There must be only one (1) number in each line.
 - Enter the total of lines 7A through 7D on line 7E.
 - If you choose, a member of the Assessor’s Office can assist you with completing this portion of your application
- **Income Exclusions:** Casualty loss reimbursement by insurance companies; life insurance proceeds, income derived from volunteer service under the Domestic Volunteer Service Act of 1973, as amended (such as stipends earned under the Foster Grandparents Program, Retired Senior Volunteer Program, Senior Companion Program, etc.): food stamp coupon allotment, grants for disaster relief, and gifts, bequests, or inheritances (although any interest or other income produced by the gift, bequest, or inheritance must be included), Medicaid reimbursements.

****YOU ARE REQUIRED BY LAW TO SUBMIT PROOF OF YOUR INCOME TO THE ASSESSOR OR AGENT BEFORE HE/SHE CAN ACCEPT AND CERTIFY YOUR CLAIM.** This proof may consist of a copy of your Federal Income Tax Return, bank statements which show interest earned, statements received from trust accounts, dividend earnings statements, statements from the Social Security Administration (e.g. Form SSA-1099 [required]). The Assessor may require you to submit proof on a form he or she has designed for this purpose.

****IMPORTANT: RETAIN ALL RECORDS RELATING TO THE INCOME STATEMENT YOU COMPLETED ON THE APPLICATION FORM FOR A PERIOD OF AT LEAST TWO (2) YEARS.** Auditors from the Office of Policy and Management will conduct random income verifications each year, and you may be called upon to provide such records and statements.

USE THIS TABLE WHEN FIGURING HOMEOWNER’S GRANTS FOR THE STATE PROGRAM:

INCOME		TAX CREDIT AS % OF TAX		TAX CREDIT CEILING		MINIMUM	
Over	Not Exceeding	Married	Unmarried	Married	Unmarried	Married	Unmarried
\$0	\$17,700	50%	40%	\$1,250	\$1,000	\$400	\$350
\$17,700	\$23,700	40%	30%	\$1,000	\$750	\$350	\$250
\$23,700	\$29,600	30%	20%	\$750	\$500	\$250	\$150
\$29,600	\$35,300	20%	10%	\$500	\$250	\$150	\$150
\$35,300	\$43,000	10%	0%	\$250	\$0	\$150	\$0

USE THIS TABLE WHEN FIGURING HOMEOWNER’S GRANTS FOR THE LOCAL PROGRAM:

	INCOME	CREDIT	MAX CREDIT
UNMARRIED	\$0 – \$35,300	15%	\$500
MARRIED	\$0 – \$43,000	15%	\$400