

**ELDERLY/TOTALLY DISABLED HOMEOWNERS' PROGRAM
REQUEST FOR EXTENSION OF TIME TO FILE**

Please complete the following information and return this letter, along with documentation from the IRS showing filing extension, to the Secretary, Connecticut Office of Policy & Management at the address below.

APPLICANT NAME: _____

ADDRESS _____

_____ ZIP _____

TELEPHONE NUMBER_(_____)_____ - _____

I am requesting an extension of time to file for the Elderly/Totally Disabled Homeowners' Program. I was granted an extension by the IRS to file my Federal Income Tax Return.

Enclosed please find documentation from the IRS.

The statutory deadline for filing a Request for Extension of Time to File is August 15th.

Signature

Date

Send to: Connecticut Office of Policy & Management
Tax Relief Unit, MS#54GSU
450 Capitol Avenue
Hartford, CT 06106-1379
Attn: Patrick Sullivan