

TOWN

ASSESSORS OFFICE

GRAND LIST OWNER

**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 BIRTH DATE (Mo, Day, Yr)	SPOUSE SOC. SEC #

3. MAILING ADDRESS (No. And Street)	CITY OR TOWN (Dont Abbreviate)	STATE	ZIP CODE
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4. PROPERTY ADDRESS (No. And Street) (Only If Different From 3 Above)	CITY OR TOWN (Dont Abbreviate)	STATE	ZIP CODE	OTHER NAME ON PROPERTY
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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 : <input type="checkbox"/>	IF APPLICANT IS TOTALLY DISABLED CURRENT PROOF REQUIRED CHECK HERE : <input type="checkbox"/>
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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: \_\_\_\_\_

F. TOTAL Add Lines 7A through 7E F. \_\_\_\_\_

8. APPLICANT'S / AUTHORIZED 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.
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SIGNATURE OF APPLICANT OR AUTHORIZED AGENT	Date signed (Mo, Day, Yr) ____/____/____	APPLICANT'S OR AGENT'S PHONE NO.	AGENT'S RELATIONSHIP
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**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: APPLICANT'S GROSS ASMT \$ _____ Blind - \$ _____ Disabled - \$ _____ Veteran's - \$ _____ Local Option's - \$ _____ Add'l Vets - \$ _____	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 _____
11. NET ASSESSMENT (based on APPLICANT'S GROSS ASMT minus total exemptions) (MUST agree with the continuation sheet)		

12. Mill Rate:	13. Amount of Property Tax: or 13a. Taxes after State Ben:
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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: _____ {Per Connecticut General Statutes Section 12-170cc an applicant has the right to appeal the assessor's decision to the Secretary of OPM, in writing, within 30 business days from the date of notice given by the Assessor}
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SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF	Date signed (Mo, Day, Yr)
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X \_\_\_\_\_