

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'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: 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: IF APPLICANT IS TOTALLY DISABLED 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. CT QUALIFYING INCOME RECEIVED DURING LAST CALENDAR YEAR: A. GROSS INCOME B. NON-TAXABLE INTEREST C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME D. ANY OTHER INCOME NOT REFLECTED IN THE ABOVE E. TOTAL Add lines 7A through 7D

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.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT | Date signed (Mo, Day, Yr) | APPLICANT'S OR AGENT'S PHONE NO. | AGENT'S RELATIONSHIP

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: 14. Allowable Table Percentage: 15. Credit Maximum: a. Line 13 or **13a X Line 14 b. Table Ceiling x Line 10

11. Net Assessment (based on APPLICANT'S GROSS ASMT. minus total exemptions) (MUST agree with the continuation sheet) \$ 17. CREDIT AMOUNT Greater of 16a or 16b \$

12. Mill Rate: \$ 13. Amount of Property Tax: or **13a. Amount of Frozen Tax: **NOTE: If local freeze program is offered by municipality you must enter frozen tax amount in Box 13a and Box 15a

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 for appeal information.

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF | Date Signed (Mo, Day, Yr)