

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 - 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).
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 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.
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. 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.

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 \$
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) 0
12. Mill Rate: 0
13. Amount of Property Tax: or **13a. Amount of Frozen Tax: \$0.00
**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)

ELDERLY/TOTALLY DISABLED HOMEOWNERS' PROGRAM

REQUEST FOR EXTENSION OF TIME TO FILE

Please complete the following information and return this letter, along with a letter from your doctor, to the Secretary, Connecticut Office of Policy and 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 under a doctor's care during the designated filing period February 1 through May 15 of this year.

Enclosed please find a letter of medical proof from my doctor.

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

Signature

Date

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

updated 01/28/13