



Town of Cromwell

Assessor's Office
41 West Street, 860-632-3442

_____ GRAND LIST

Filing Period Feb 1 – May 15

LOCAL ELDERLY / DISABLED BENEFIT

1. NAME (Last)	(First)	(Middle initial)	YOUR BIRTH DATE	YOUR SOCIAL SECURITY NO.
2. SPOUSES NAME (Last)	(First)	(Middle initial)	SPOUSES BIRTH DATE	SPOUSES SOCIAL SECURITY NO.
3. MAILING ADDRESS (No. and Street)	CITY OR TOWN (Don't Abbreviate)		STATE	ZIP CODE
4. PROPERTY ADDRESS (No. and Street)	CITY OR TOWN	STATE	ZIP CODE	OTHER NAME ON PROPERTY
5. FILING STATUS: CHECK ONLY ONE: <input type="checkbox"/> Married (Civil Union) <input type="checkbox"/> Unmarried (Single, Widow(er), Divorce, Legally Separated) <input type="checkbox"/> Surviving Spouse (age 65 or older)				
6. IS THE PROPERTY ADDRESS CONSIDERED TO BE YOUR LEGAL RESIDENCE FOR 183 DAYS OF THE YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
7. HAVE YOU BEEN A RESIDENT OF CROMWELL FOR THE PAST 5 YEARS PRIOR TO OCT. 1 GRAND LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO				
8. IS ANYONE OVER THE AGE OF 21 RESIDING AT THIS ADDRESS WHO IS NOT AN OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
9. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? <input type="checkbox"/> YES (Attach Copy) <input type="checkbox"/> NO (Attach 1099's)				

INCOME RECEIVED DURING LAST CALENDAR YEAR:

A. GROSS INCOME – Includes: Federal Adjusted Gross income or its equivalent. Also includes, but is not limited to wages Lottery winnings, taxable pensions, IRA's, interest, dividends and net rental income. A. \$ _____.

B. NON-TAXABLE INTEREST – Example: Interest from Tax Exempt Government Bonds B. \$ _____.

C. SOCIAL SECURITY OR RAILROAD RETIREMENT INC. –Add Medicare premiums (Attach SSA 1099) C. \$ _____.

D. ANY INCOME NOT REFLECTED IN THE ABOVE – Examples: Federal Supplemental Security, Income, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, Veteran's Disability Payments, and any other income not listed above. D. \$ _____.

E. TOTAL Add lines A through D E. \$ _____.

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 provision of the Connecticut General Statutes. The property for which tax relief is claimed, is the ONLY residence/domicile of the applicant. He/she is not receiving State Elderly tax benefits under section 12-129b, section 12-170c, in any other 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. <u>THE SIGNATURE BELOW INDICATES THAT THIS AFFIDAVIT HAS BEEN READ AND UNDERSTOOD.</u>
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SIGNATURE OF APPLICANT OR AUTHORIZED AGENT	Date signed (Mo, Day, Yr)	APPLICANT'S / AGENTS PHONE #	AGENT'S RELATIONSHIP
X	/ /		

STOP! DO NOT WRITE BELOW THIS LINE – FOR TOWN'S USE ONLY

CROMWELL SEWER SIGNATURE	The above applicant is current with all Water and Sewer Taxes	Date signed (Mo, Day, Yr.)
TAX COLLECTOR SIGNATURE	The above applicant is current with all Real and Personal Taxes	Date signed (Mo, Day, Yr.)
ASSESSOR'S AFFIDAVIT	____ - I am satisfied that the above named applicant meets all the necessary requirements ____ - This claim is <u>DISALLOWED</u> for the following reason: _____	
SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF	Date signed (Mo, Day, Yr.)	