



Town of Cromwell

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

2014 GRAND LIST

Filing Period Feb 1 – April 15

LOCAL ELDERLY / DISABLED BENEFIT

| | | |
|--|------------------------|----------------------------|
| 1. NAME (Last) (First) (Middle Initial) | DATE OF BIRTH / / | SOCIAL SECURITY NO. - - |
| 2. SPOUSE'S NAME (Last) (First) (Middle Initial) | DATE OF BIRTH / / | SOCIAL SECURITY NO. - - |
| 3. PROPERTY ADDRESS (No. and Street) | TOWN STATE | ZIP CODE |
| 4. MAILING ADDRESS (No. and Street) | CITY OR TOWN STATE ZIP | OTHER NAME ON PROPERTY |

5. FILING STATUS: Married Unmarried (Single, Widow(er), Divorced, Legally Separated) Surviving Spouse (age 60 or older)

6. IS THE PROPERTY ADDRESS CONSIDERED TO BE YOUR LEGAL RESIDENCE FOR 183 DAYS OF THE YEAR? YES NO

7. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? YES (Attach Copy) NO (Attach 1099's)

8. ABATEMENT DEFERRAL If Deferral is chosen back of form must be completed.

9. DEFERRAL AMOUNT REQUESTED: MAXIMUM AMOUNT ALLOWED * OTHER AMOUNT

* MAXIMUM AMOUNT OF DEFERRAL IS SUBJECT TO CHANGE YEARLY BASED ON THE NUMBER OF APPLICANTS, AMOUNT OF TOTAL DEFERRAL FROM ALL APPROVED APPLICANTS AND AMOUNT APPROVED BY BOARD OF FINANCE .

**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. THE SIGNATURE BELOW INDICATES THAT THIS AFFIDAVIT HAS BEEN READ AND UNDERSTOOD.

The Applicant or authorized agent also agrees the Tax Assessor's office may release any information contained within this application, and supporting documents, to the Tax Appeal Officer if the applicant appeals the Tax Assessor's office decision.

| | | | |
|--|------|-----------------------------|----------------------|
| SIGNATURE OF APPLICANT / AUTHORIZED AGENT X | DATE | APPLICANT'S / AGENT'S PHONE | AGENT'S RELATIONSHIP |
|--|------|-----------------------------|----------------------|

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

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 income. | A. | \$ _____. |
| B. NON TAXABLE INCOME – See 8b on Federal Tax Return – Also other 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. | B. | \$ _____. |
| C. SOCIAL SECURITY OR RAILROAD RETIREMENT INC. – Add Medicare premiums (Attach SSA 1099) | C. | \$ _____. |
| D. ANY OTHER INCOME NOT REFLECTED ABOVE | D. | \$ _____. |
| E. TOTAL Add lines A through D | E. | \$ _____. |

ASSESSOR'S
AFFIDAVIT

_____ - I am satisfied that the above named applicant meets all the necessary requirements

_____ - This claim is DISALLOWED for the following reason: _____

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF

DATE

Town of Cromwell
Agreement For Local Tax Deferral

PROPERTY OWNER (S): _____

PROPERTY ADDRESS: _____

GRAND LIST YEAR: _____

In Exchange for Tax Deferral Benefits authorized in the Tax Relief Deferral Program For Elderly And Disabled Homeowners Ordinance of the Town of Cromwell, I /We _____ hereby agree to the following terms and conditions:

- 1). All deferred taxes shall be reimbursed to the Town of Cromwell within 180 days upon conveyance of the real property subject to such tax deferral.
- 2). Taxes not paid within 180 days of conveyance shall accrue interest commencing on day 181 at the same rate and shall be subject to the same rules provided for by State Law with respect to payment and collection of delinquent real property taxes.
- 3). This agreement shall be binding on my heirs, successors, and assigns, and shall be filed in the land records of the Town of Cromwell. I understand that this agreement shall not constitute a lien on the real property subject to such tax deferral.
- 4). A separate lien, securing reimbursement of principal and interest on any tax amount deferred, shall be filed in the land records of the Town of Cromwell.

_____ personally appeared before me, and has sworn under oath

Name
the written statement is above is accurate and correct on this _____ day of

_____, _____.

Notary Public

My Commission Expires _____

_____ personally appeared before me, and has sworn under oath

Name
the written statement is above is accurate and correct on this _____ day of

_____, _____.

Notary Public

My Commission Expires _____