



Town of Cromwell

Assessor's Office

41 West Street, 860-632-3442

2022 GRAND LIST

Filing Period Feb 1 – April 14

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: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Widow(er), Divorced, Legally Separated) <input type="checkbox"/> Surviving Spouse (age 60 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. 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)				
8. DEFERRAL <input type="checkbox"/> Form must be completed on back.				
9. DEFERRAL AMOUNT REQUESTED: <input type="checkbox"/> MAXIMUM AMOUNT ALLOWED* <input type="checkbox"/> 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	DATE	APPLICANT'S / AGENT'S PHONE	AGENT'S RELATIONSHIP
X			

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