

OFFICE OF POLICY AND MANAGEMENT
APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNERS

1. Return this set intact to the Assessor's Office. Do not separate
2. EXTREMELY IMPORTANT. Read instructions available at Assessor's.
3. **FILING PERIOD: February 1ST through May 15th, 2023.**

Account# (Assessor's Use)

1 NAME (Last)	(First)	(Middle Initial)	Your Birth Date (Mo., Day, Yr.)	Your Social Security No.
2 SPOUSES NAME (Last)	(First)	(Middle Initial)	Spouses Birth Date (Mo., Day, Yr.)	Spouses Social Security No.
3 MAILING ADDRESS (# and street) <i>REQUIRED</i>		City or Town (Do not abbreviate)	State	Zip Code
4 PROPERTY ADDRESS (# and street - only if different from above)		City or Town (Do not abbreviate) Code	State Zip	Other Name on Property
5 FILING STATUS: CHECK ONLY ONE -- <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> 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 <u>PROOF REQUIRED</u>		NURSING HOME CHECK HERE: <input type="checkbox"/>	IF APPLICANT IS TOTALLY DISABLED <u>CURRENT PROOF REQUIRED</u>	TOTALLY DISABLED CHECK HERE: <input type="checkbox"/>
6 Did or will you file a federal tax return for last year?			YES <input type="checkbox"/>	NO <input type="checkbox"/>

7 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.
- 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 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, Non-taxable
- E. **TOTAL - Add lines 7A through 7D** OTHER INCOME (Explain)

A. _____

B. _____

C. _____

D. _____

E. _____

- 8 **APPLICANT'S OR AUTHORIZED AGENTS 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 permanent residence/domicile of the applicant. He/she is not receiving State Elderly tax benefits under section 12-129b, section 12-170d, in any town. I grant permission to the Department of Social Services to release to the Office of Policy and Management information necessary to help determine my eligibility. The penalty for making a false affidavit is the refund of all credit 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.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT X	Date signed (Mo., Day, Yr.)	Applicants or agents phone (give area code)	AGENT'S RELATIONSHIP
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STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY

9. Date Application Received: _____	14. Allowable Table Percentage _____
10. a. Gross Assessment _____	15. Credit Maximum _____
b. Total percentage (in fee or life use) owned by applicant _____	a. Line 13 x Line 14 _____
c. Applicant's Gross Assessment (line 10a x 10b) _____	b. Table Ceiling x Line 10b _____
Subtract Exemptions for: Blind - _____	16. a. Lessor of Line 15a or 15b _____
Disabled - _____	b. Minimum Grant _____
Veteran's - _____	17. Credit Amount - Greater of 16a or 16b _____
Local Option - _____	
Additional Veteran's - _____	
11. Net Assessment based on ownership - Line 10C minus exemptions _____	
12. Mill Rate _____	
13. Amount of property tax _____	

**ASSESSOR'S
AFFIDAVIT**

- ☐ I am satisfied that the above named applicant meet all the necessary statutory requirements.
☐ This claim is disallowed for the following reason: _____

Please see the instructions at the Assessor's Office if you need to appeal this decision.

Signature of Assessor or Member of Assessor's staff

Date signed (Mo., Day, Yr.)