

**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 15<sup>th</sup>.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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