

## 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 Connecticut Office of Policy and Management at the address below.

Applicant Name: \_\_\_\_\_

Address + Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am requesting an extension of time to file for the Elderly/Totally Disabled Homeowners' Program. I had a medical issue that prevented me from applying during the designated filing period February 1st through May 15th 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 15th.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send to: Office of Policy and Management  
450 Capitol Avenue  
MS #54GSU  
Hartford, CT 06106-1379

Or email to: [patrick.j.sullivan@ct.gov](mailto:patrick.j.sullivan@ct.gov)

