

APPLICATION FOR TAX CREDITS ELDERLY AND TOTALLY DISABLED HOMEOWNER

FILING PERIOD: FEBRUARY 1st through MAY 15th

2025

**OWNER
GRAND LIST**

1. NAME (Last)	(First)	(Middle Initial)	YOUR BIRTH DATE	YOUR SOCIAL SECURITY NO.
2. SPOUSE'S NAME (Last)	(First)	(Middle Initial)	SPOUSE'S BIRTH DATE	SPOUSE'S SOCIAL SECURITY NO.
3. MAILING ADDRESS		CITY/TOWN	STATE	ZIP
4. PROPERTY ADDRESS (if different than above) CITY/TOWN STATE ZIP				OTHER NAME ON PROPERTY
5. FILING STATUS: ☐ CIVIL UNION CHECK ONLY ONE: ☐ MARRIED ☐ UNMARRIED ☐ 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>CURRENT PROOF REQUIRED</u> CHECK HERE: ☐			IF APPLICANT IS TOTALLY DISABLED <u>CURRENT PROOF REQUIRED</u> CHECK HERE: ☐	
6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? ☐ YES (Attach Copy) ☐ NO				
7. CT QUALIFYING INCOME RECEIVED DURING LAST CALENDAR YEAR:				
A. GROSS INCOME - Includes: Federal Gross Income or its equivalent. Such as, but not limited to wages, lottery winnings, pensions, IRA withdrawals, interest, dividends, and net rental income (excluding depreciation). A.\$ _____				
B. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds B.\$ _____				
C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - Add Medicare premiums (Attach SSA 1099) C.\$ _____				
D. ANY OTHER INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, Veteran's Disability Pensions, and any other income not listed above. D.\$ _____				
E. TOTAL Add lines 7A through 7D				E. \$ _____ 0.00
8. 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 provisions 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 or section 12-170d, in any town. The penalty for making a false affidavit is the refund of all credits improperly taken and a fine of not more than \$500.00. Your signature signifies that this affidavit has been read and understood.			
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT X		DATE	APPLICANT'S or AGENT'S PHONE NO.	AGENT'S RELATIONSHIP
STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY				
9. Date Application Received: _____/_____/_____		10. Total percentage of property (in fee or in life use) owned by this applicant _____ %		14. Allowable Table Percentage: _____ %
PROPERTY'S GROSS ASMT:\$ _____		APPLICANT'S GROSS ASMT: \$ - _____ *		15. Credit Maximum:
Subtract Exemptions for: Blind - _____		Disabled - _____		a. Line 13 or **13a X Line 14 \$ _____
* Based on % of ownership		Veteran's - _____		b. Table Ceiling X Line 10 \$ _____
		Local Options - _____		16. a. Lesser of Line 15a or 15b \$ _____
		Add'l Vets - _____		b. Minimum Grant \$ _____
11. <u>Net Assessment</u> (based on APPLICANT'S GROSS ASMT. minus total exemptions) (<u>MUST</u> agree with the continuation sheet) \$ _____		17. <u>CREDIT AMOUNT</u> Greater of 16a or 16b \$ _____		
12. Mill Rate:	13. Amount of Property Tax: or **13a. Amount of Frozen Tax: \$ _____		**NOTE: If local option freeze program is offered by municipality you must enter frozen tax amount in Box 13a and Box 15a	
ASSESSOR'S AFFIDAVIT	I am satisfied that the above named applicant meets all the necessary statutory requirements This claim is disallowed for the following reason: _____ {Per Connecticut General Statutes Section 12-170cc an applicant has the right to appeal the Assessor's decision to the Secretary of OPM, in writing, within 30 business days from the date of notice given by the Assessor}			
SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF				Date