

APPLICATION FOR TAX CREDITS ELDERLY HOMEOWNER -- FREEZE

IMPORTANT. Read instructions available at Assessor's office
FILING PERIOD: FEBRUARY 1st - MAY 15th

GRAND LIST

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 (No. and Street) CITY OR TOWN (Don't Abbreviate) STATE ZIP CODE
4. PROPERTY ADDRESS (No. and Street) ONLY IF DIFF. FROM 3. CITY OR TOWN STATE ZIP CODE

5. FILING STATUS: CHECK ONLY ONE: [ ] MARRIED [ ] UNMARRIED [ ] SURVIVING SPOUSE AGE 50 TO 64 OF PREVIOUSLY APPROVED APPLICANT

6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? [ ] YES (Attach Copy) [ ] - NO

7. INCOME RECEIVED DURING LAST CALENDAR YEAR:
a. GROSS INCOME - Examples: Wages, Bonuses, Commissions, Fees, Gratuities, Payment for Jury Duty (excluding travel allowance), Lottery winnings, Taxable portion of Annuities and Pensions (including Veteran's), Taxable portion of IRA's, Interest, Dividends, Net rent or proceeds from sale of property, etc. If you are required to file a Federal Income Tax Return, enter the amount of Adjusted Gross Income and attach a copy of the return to this application.
b. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds
c. TOTAL Add lines 7a and line 7b

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 12-170aa 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 \$500.00 or imprisonment for one year, or both. Your signature signifies that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT Date signed (Mo, Day, Yr) 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 Mo. Day Year 10. ACCOUNT NUMBER 11. GROSS ASSESSMENT \$ Percentage X of ownership % = \$
Applicant's Gross Asmt. Subtract Blind Disabled Veterans Local options Addl Vets for: net assessment MILL RATE X APPLICANT'S PROPERTY TAX = \$

12. a. 1984 Grand List Frozen Tax amount \$
ADJUSTMENTS TO FROZEN TAX SINCE '84 GRAND LIST:
b. Add(s) 1. Assessed value of improvement(s) X frozen mill rate = +
2. Amount of lost exemptions X mill rate of year granted = +
c. Subtraction(s) 1. Sec. 12-81g additional veteran's exemption amount X current mill rate = -
d. OTHER (List) X current mill rate = -
Total b. through d. \$

\* ONCE ESTABLISHED, CONTINUE USING THIS FIGURE. e. THIS YEAR'S ADJUSTED FROZEN TAX: \$

13. Subtract line 12e. (Adjusted frozen tax) from line 11 (PROPERTY TAX) \$

14. Enter the 1985 benefit (From Revenue Loss column of form M-36) or \$2,000.00, whichever is greater. \$

15. a. If the amount on line 13 is \$2,000.00 or LESS, enter that amount here (Otherwise complete 15b). \$

b. Enter the amount indicated on line 13 or 14, whichever is less. \$

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:
Please see the instructions at the Assessor's Office for appeal information

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF Date signed (Mo.,Day,Yr.)