

PLEASE PRINT OR TYPE

M-35H Rev. 12/2013

STATE OF CONNECTICUT - OFFICE OF POLICY AND MANAGEMENT

APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER

OWNER

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

2015 GRAND LIST

1. NAME (Last) (First) (Middle Initial) YOUR BIRTH DATE (Mo, Day, Yr) YOUR SOCIAL SECURITY NO.
2. SPOUSE'S NAME (Last) (First) (Middle Initial) SPOUSE'S BIRTH DATE (Mo, Day, Yr) SPOUSE'S SOCIAL SECURITY NO.
3. MAILING ADDRESS (No. and Street) CITY OR TOWN (Don't Abbreviate) STATE ZIP CODE

4. PROPERTY ADDRESS (No. and Street) CITY OR TOWN STATE ZIP CODE OTHER NAME ON PROPERTY
ONLY IF DIFFERENT FROM 3. ABOVE

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 CURRENT PROOF REQUIRED CHECK HERE: [ ]
IF APPLICANT IS TOTALLY DISABLED CURRENT PROOF REQUIRED 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. \$

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 \$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 Received: 10. Total percentage of property (in fee or in life use) owned by this applicant %
PROPERTY'S GROSS ASMT:\$ APPLICANT'S GROSS ASMT: \$ - \* Subtract Exemptions for: .Blind - Disabled - Veteran's - Local Options - Add'l Vets -
11. Net Assessment (based on APPLICANT'S GROSS ASMT. minus total exemptions) (MUST agree with the continuation sheet) \$
14. Allowable Table Percentage: %
15. Credit Maximum: a. Line 13 or \*\*13a X Line 14 \$ b. Table Ceiling X Line 10 \$
16. a. Lesser of Line 15a or 15b \$ b. Minimum Grant \$
17. CREDIT AMOUNT 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: 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.)

**INSTRUCTIONS FOR THE ELDERLY OR DISABLED HOMEOWNERS  
TAX RELIEF  
STATE OF CONNECTICUT PROGRAM**

If you need assistance in completing the application, please contact **Senior Services** to schedule an appointment at **203-847-2830**.

Enclosed is your **State of Connecticut** Homeowners Tax Relief application.

Before filling out your application, **PLEASE** read the enclosed instructions **CAREFULLY**.

- Please complete Items #1 through #8 only.
- Please use **BLUE INK** to complete the application.
- **PROOF OF ALL INCOME IS REQUIRED**; Audits will be performed
- Please send **8½” by 11” legible copies of all income documentation**.
- Please send **the original application (not copies); only the original application is legally valid**.
- Please **MAIL** the application and all supporting income documentation.
- If you are planning to file a **Federal** Income Tax Return for **2015** you **MUST include a complete copy** of the **completed** return, **AND a copy** of your **2015** Social Security **1099** (statement of total benefits paid for 2015).
- If you are **not** planning to file a **Federal** Income Tax Return for **2015**, you **MUST include a copy** of **form 1099** for all income for **2015** (taxable and non-taxable) **AND a copy** of your **2015 Social Security 1099** (statement of total benefits paid for 2015).
- If the property, or any portion of the property, is rented, gross rent received, minus expenses, **MUST** be included as income.

**If you did NOT receive a 2015 Social Security 1099 (Social Security statement of total benefits paid for 2015), you can request a duplicate from Social Security by calling 800-249-7507.**

- Please provide a daytime contact phone number
- **REMEMBER TO SIGN THE APPLICATION**
- **RETURN THE APPLICATION WITH INCOME DOCUMENTATION to the Assessor’s office.**
- Filing application deadline is **MAY 15, 2016 - NO EXCEPTIONS!**
- Copies of your application with the determination of your tax relief will be mailed to you by no later than July 2016.

**CONTACT US FOR FURTHER INSTRUCTIONS IF:**

- YOU RESIDE SOMEWHERE OTHER THAN YOUR PRINCIPAL RESIDENCE
- YOUR SPOUSE PASSED AWAY DURING 2015
- YOU ARE SHOWN AS TRUSTEE OWNING THE PROPERTY

If you have any questions, please contact the Assessor's office at 203-854-7888 or 203-854-7887.



**INSTRUCTIONS FOR THE ELDERLY OR DISABLED HOMEOWNERS  
TAX RELIEF  
CITY OF NORWALK PROGRAM**

If you need assistance in completing the application, please contact **Senior Services** to schedule an appointment at **203-847-2830**.

Enclosed is your **City of Norwalk** Homeowners Tax Relief application.  
Before filling out your application, **PLEASE** read the enclosed instructions **CAREFULLY**.

- Please complete Items #1 through #13 only.
- Please use **BLUE INK** to complete the application.
- The income of all persons age 25 or older who resided at the property for 200 days or more in 2015 must be included. Please make copies of the attached application for these persons to complete in addition to yours.
- **PROOF OF ALL INCOME IS REQUIRED;** Audits will be performed
- Please send **8½” by 11” legible copies of all income documentation.**
- Please send **the original application (not copies); only the original application is legally valid.**
- Please **MAIL** the application and all supporting income documentation.
- If you are planning to file a **Federal** Income Tax Return for **2015** you **MUST include a complete copy** of the **completed** return, **AND a copy** of your **2015 Social Security 1099** (statement of total benefits paid for 2015).
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