NAME:_____ DIST___ BLOCK____ LOT____ UNIT____

ORDINANCE 103-16 rev:.3/22/16 (FOR ASSESSOR'S USE ONLY)

CITY OF NORWALK
TAX DEFERRAL APPLICATION
FOR ELDERLY OR TOTALLY DISABLED HOMEOWNERS
2015 GRAND LIST

Print or Type (Except Signature) - Application Period (February 1– May 15, 2016)

_____ SURVIVING SPOUSE (Spouse's Date of Death: ___ /___ / _____)
_____ MARRIED (If so, do you & your spouse reside together …….Yes ___No ___)
_____ SINGLE (Never Married) _____ DIVORCED/LEGALLY SEPARATED

☐ Check Here If Applicant is **Under 65 & Totally Disabled** (EAB Code)

1. NAME: _____SPOUSE: _____
Last First MI Last (If Different) First MI

2. ADDRESS: _____ NORWALK, CT _____ 3. TEL. #: _____
Street Zip

4. DATE OF BIRTH: ___ /___ /_____ 5. SPOUSE'S DATE OF BIRTH: ___ /___ /_____

6. SOCIAL SECURITY #: _____ - _____ - _____ 6A. SPOUSE'S S.S. #: _____ - _____ - _____

7. Did you occupy the above residence for more than 200 days last year?……..Yes ___ No ___

8. Date of purchase (or legal acquisition) of Norwalk residence ……. ___ /___ /_____

9. Do you share legal ownership with anyone other than spouse? ……. Yes ___ No ___

If yes, Name(s) of Other Owners: _____Relationship: _____

10. Your percentage of ownership: _____%

11. Is the property a multi-family dwelling? …Yes ___ No ___. If yes, what % do you occupy? _____%

12. Are you eligible for tax credits through a State of Connecticut Program?
(Office of Policy and Management: Elderly or Totally Disabled Homeowner ……. Yes ___ No ___

13. If so, are you submitting a State application this year? …….. Yes ___ No ___

14. Have you been a Norwalk taxpayer at least 12 months prior to application? …… Yes ___ No ___

15. Are you receiving Tax Relief in any other Municipality or State?. ……Yes __ No __ If yes, where?_____

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16. TAXABLE INCOME (See 7.A., B., & D. of State Application)……$ _____

17. Non-Taxable Interest – e.g., Interest from Tax Exempt Bonds ……$ _____

18. TOTAL SOCIAL SECURITY income …… $ _____

19. Any Other Non-Taxable Income – e.g., Gov. Assistance, Disability Payments ……$ _____

20. TOTAL INCOME OF APPLICANT(S) …… $ _____

21. LESS Medical Expenses Over 7.5% of Adjusted Gross Income ….. …….. ($ _____)

22. ADJUSTED TOTAL INCOME …… $ _____

SWORN AFFIDAVIT - The above named applicant or authorized agent states that the above information is true and complete. Penalty for making a false affidavit is a $500.00 fine or imprisonment for one year, or both.

DATED: ___ /___ /2016 SIGNATURE OF APPLICANT/AGENT: _____

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---------- COMPUTATION OF TAX CREDIT **(FOR ASSESSOR'S USE ONLY)** ----------

21. Gross Assessed Value .....$ _____

22. Minus Veterans Exemptions.....$ _____

23. Net Assessed Value.....$ _____

24. Mill Rate ..(T.D.= ____) ..... $ _____X .0_____

25. Amount of property tax (Line 23 times line 24) .....$ _____

26. Less State of Connecticut Homeowner tax credit .....$ _____

27. Tax applicable to deferral (Line 25 minus lines 26).....$ _____

_____X 50%_

28. Calculated tax deferral .....$ _____

29. Enter Line 28, or **$4,500.00**, whichever is **less** ....$ _____

30. Line 25 x 75%.....$_____
31. Minus line 26 .....$_____
32. Max allowable total tax decrease.....$_____

33. Enter lesser of lines 28, 29, or 32.....$ _____

34. If question #10 is less than 100%, multiply percentage by Line 33
(_____% x $_____).....$ _____

35. If question #11 is "Yes", multiply percentage by Line 34..... _____X ___%_

36. Maximum tax available for deferral.....$ _____

37. Amount of tax deferral *elected by the taxpayer* .....$ _____

_____ _____
Date Taxpayer Signature

ASSESSOR'S CERTIFICATION

(___) The claim is approved for a deferral amount of: $ _____

(___) The claim is disallowed for the following reason(s):_____

_____ _____
Dated Assessor/Agent