

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

**DUE TO COVID19, ABSOLUTELY NO WALK IN'S to the Assessor's office. Please call 203-854-7888 or 203-854-7887 to discuss any difficulties that you may be having with your applications.** Help with applications will mostly be done by telephone.

You may also contact **Senior Services** at 203-434-3085 or 203-434-1876. For assistance with your application questions.

Please attain help from a relative/child or close friend when possible to fill out the application and make copies of your income documents that are required.

Completed applications may be dropped off at the Customer Service window, in the entrance of City Hall. They will be picked up by Assessment office personnel daily. Your applications & income documentation may also be mailed back to the Assessor's office via USPS as long as they are postmarked by no later than 5/15/2021.

Due to Covid19 the Assessor's office will be accepting income documents & applications by email also. Emailed applications with tax return & income proof may be emailed to [ltallcouch@norwalkct.org](mailto:ltallcouch@norwalkct.org)

The deadline to file is **May 15, 2021** to avoid denial of all tax credits. ***The applications must be in the Assessor's office by 5/14/2021 or postmarked by no later than 5/15/2021.*** If you cannot make this deadline, you must contact our office to get the form to appeal to the State of Connecticut Office of Policy and Management for an extension.

**If you are filing a 2020 Federal tax return, we must have a complete copy of it with all of the backup documents such as: SSA-1099; interest, dividend, IRA, pension & annuity statements.** We **DO NOT** need your State tax return.

Please make sure that you **sign, date & provide a phone number** on the applications. The final determination of your tax credit amount will be mailed to you by 7/1/2021 and applied to your July 2021 tax bill.

If you did **NOT** receive a 2020 Social Security 1099 statement (Social Security statement of total benefits paid for 2020), you can request a duplicate from **Social Security by calling 1-800-772-1213.**

If you are under 65 years old, and are receiving permanent and total disability benefits you must provide us proof such as a **Benefit verification letter** from **Social Security disability by calling 1-800-249-7507** or SSA-1099 form for 2020.

**Qualifying income:** "Qualifying income" is defined as all taxable and nontaxable income. This definition includes taxable income as may be reported for Federal Income Tax purposes, as well as non-taxable income. *2020 economic stimulus payments will not be categorized as income and therefore will not be counted as income for these tax credit programs.*

**The State program income limit must not exceed \$37,600 for unmarried persons and \$45,800 for a married couple.**  
**The City program income limit must not exceed \$71,300 for unmarried or married persons.**

Some examples of qualifying income are below but not limited to:

- Wages, bonuses, commissions, gratuities and fees, self-employment net income
- Net Social Security (Box 5 from **SSA-1099**)
- Dividends and interest
- IRA – include only "taxable" amount, **NOT** "total distribution"
- Interest or proceeds resulting from gifts received
- Lottery winnings
- Net income from sale or rent of real or personal property (**do not include depreciation, receipts for expenses are required when no tax return has been filed**)
- Pensions and annuities – include only "**taxable**" amount
- Veteran's pension and veteran's disability payments
- Railroad retirement
- Severance pay; UNEMPLOYMENT compensation; Worker's compensation

PLEASE PRINT OR TYPE

M-35H Rev. 12/2018

NEW APPLICANT

STATE OF CONNECTICUT - OFFICE OF POLICY AND MANAGEMENT

APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER

FILING PERIOD: FEBRUARY 1st through MAY 15th

OWNER

2020 GRAND LIST

1. NAME (Last) (First) (Middle Initial) YOUR BIRTH DATE (mm/dd/yyyy) YOUR SOCIAL SECURITY NO.
2. SPOUSE'S NAME (Last) (First) (Middle Initial) SPOUSE'S BIRTH DATE (mm/dd/yyyy) 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) ONLY IF DIFFERENT FROM 3. ABOVE CITY OR TOWN STATE ZIP CODE 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 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: PLEASE LEAVE THIS SECTION BLANK

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 not more than \$500.00. Your signature signifies that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT X Date signed (mm/dd/yyyy) 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: {Per Connecticut General Statutes Section 12-170c 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 signed (mm/dd/yyyy)

POST OFFICE BOX 5125  
125 EAST AVENUE, ROOM 106,  
NORWALK CT 06856-5125  
TELEPHONE (203) 854-7888  
HTTP:// WWW.NORWALKCT.ORG



DEPARTMENT OF FINANCE  
OFFICE OF THE ASSESSOR

NEW APPLICANT

**CITY OF NORWALK APPLICATION FOR THE 2020 GRAND LIST  
TAX RELIEF FOR ELDERLY OR TOTALLY DISABLED HOMEOWNERS**

**Print or Type (Except Signature) - Application Period (February 1 – May 15, 2021)**

\_\_\_\_\_ WIDOW/WIDOWER - **ONLY if during 2020.** (Spouse's Date of Death: \_\_\_/\_\_\_/\_\_\_)

\_\_\_\_\_ MARRIED (If so, do you & your spouse reside together ..... Yes \_\_\_ No \_\_\_)

\_\_\_\_\_ SINGLE (Never Married; Divorced/Legally Separated; **Widowed 2019 or prior**)

Check Here If Applicant is **Under 65 & Totally Disabled** (must be deemed disabled by Soc. Security)

**APPLICANT'S**

1. NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_  
Last First MI Last (If Different) First MI

2. ADDRESS: \_\_\_\_\_ NORWALK, CT \_\_\_\_\_  
Street Zip-code

3. APPLICANT'S DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ 4. SPOUSE'S DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

5. TELEPHONE #: \_\_\_\_\_

6. APPLICANT'S S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 6A. SPOUSE'S S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

8. Do you share legal ownership with anyone other than spouse? ..... Yes \_\_\_ No \_\_\_

If yes, Name(s) of Other Owners: \_\_\_\_\_ Relationship: \_\_\_\_\_

*(if home is in the name of a Trust, a copy of the complete Trust agreement must be provided with this application)*

9. Your percentage of ownership: \_\_\_\_\_% (will always be 100%, unless co-owned with person other than spouse)

10. Have you been a Norwalk taxpayer for 5 years or more? ..... Yes \_\_\_ No \_\_\_  
(Includes paying motor vehicle taxes to Norwalk)

11. Are your Norwalk taxes paid and up-to-date? ..... Yes \_\_\_ No \_\_\_  
(Applicants who are delinquent with their taxes cannot obtain the City credit)

12. Is anyone living at the home that is 25 years or older, other than applicant(s)  
and is not a disabled dependent? *(Proof of income for these persons is required & must be Attached to this application)* Yes \_\_\_ No \_\_\_

**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: \_\_\_/\_\_\_/2021 SIGNATURE OF APPLICANT/AGENT: \_\_\_\_\_

\*\*\*\*\*DO NOT FILL IN BELOW THIS LINE\*\*\*\*\*FOR ASSESSMENT PERSONNEL ONLY\*\*\*\*\*

- 13. TOTAL INCOME FOR 2020 NOT INCLUDING SOC.SEC. INCOME ..... \$ \_\_\_\_\_  
*(Proof of income such as Federal Tax Return, if filing one, with all W-2's; 1099's for INT, DIV, IRA, Pension, Annuities and any rent received.)  
(Line 9 on Federal form 1040; or 1040-SR line 9; PLUS any income from persons older than 25 residing with the applicant.)  
(PLUS add back in any non-taxable interest, line 2A, form 1040 & 1040-SR too)*
- 14. TOTAL SOCIAL SECURITY INCOME FOR 2020 ..... \$ \_\_\_\_\_  
*(Copy of SSA-1099 form must be provided; Line 6A, form 1040; Line 6A, form 1040-SR)*
- 15. TOTAL INCOME OF APPLICANT(S) FOR 2020 (13 + 14) ..... \$ \_\_\_\_\_