TOWN OF CLINTON
APPLICATION FOR TAX RELIEF/TAX DEFERRAL
FOR ELDERLY AND DISABLED

FILING PERIOD: FEBRUARY 1ST THROUGH MAY 15TH

This application is to be completed <u>ONLY</u> by applicants that do not qualify for the State Elderly Program. All state-qualifying applicants are automatically enrolled in this program.

I am applying for: GRAND LIST_____

_____ tax relief _____ elderly

_____ tax deferral _____ disabled (attach proof) LIST NUMBER_____

_____ _____ _____

1. NAME (Last) (First) (Middle Initial) BIRTH DATE SS#

_____ _____ _____

2. SPOUSE: NAME BIRTH DATE SS#

_____ _____ _____ _____

3. MAILING ADDRESS City State Zip Code

_____

4. PROPERTY ADDRESS (If Different) Date of Acquisition _____ _____ Vol/Pg

5. Percentage of interest owned in the above property? ____ %

6. If spouse is a resident of a health care or nursing home in Ct. check here.___ (PROOF REQUIRED)

7. Income

A. TAXABLE INCOME - Federal Adjusted Gross income or its equivalent. Also included but not limited to: wages, lottery winnings, taxable pensions, IRA's interest, dividends, capital gains and net rental income.

A. $_____

B SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME
Add Medicare Premiums (Attach SSA 1099) B. $_____

C. ANY INCOME NOT REFLECTED IN THE ABOVE (Examples: Federal Supplemental Security Income, State of Connecticut Public Assistance payments, S.A.G.A, Veteran's Pensions, interest from Tax Exempt Bonds, and any other income not listed above.

C. $_____

D. Total Lines A-C D. $_____

APPLICANT'S AUTHORIZED AFFIDAVIT:
The applicant or authorized agent deposes that the above statements are true and complete and claims tax reflief under provisions of the Connecticut General Statutes. The property for which tax relief is claimed is the principal resident of the applicant for at least 184 days of each year. The penalty for making a false affidavit is the refund of all benefits received. The amount due will be treated as taxes not paid from the due date and will be subject to interest and penalties as prescribed by law. Your signature signifies that this affidavit has been read and understood.

_____ _____
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT Date signed

_____ _____
(Relationship) Phone #

_____ _____
SIGNATURE OF ASSESSOR OR AUTHORIZED AGENT Date signed

COMPUTATION OF TAX CREDIT
TAX RELIEF/TAX DEFERRAL

NAME: _____

Qualifying Income: **Tax Relief**: $45,000 **Tax Deferral**: $_____

Applicant's Income: $_____

Gross Assessment $_____

Less Exemptions -_____

Net Assessment $_____

Mill Rate Applicable x_____

Normal Tax $_____

Less: _____ Freeze _____ Heart -_____

Less: Tax Relief -_____

Balance of Tax Due $_____

Maximum Benefit Factor x 75%

Maximum Allowable Benefit (12-129n) $_____

Applicant's Requested Relief _____% $_____

_____

_____

APPROVED TOWN TAX RELIEF _____ $_____

DENIED ____ REASON FOR DENIAL_____

APPROVED TOWN TAX DEFERRAL _____ $_____

DENIED _____ REASON FOR DENIAL _____