

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

2019 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

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
X ( ) (INCL AREA CODE)

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 confirmation sheet) \$
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
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 \$

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.)

DISTRIBUTION: Original - OPM Copy - Applicant Copy - Tax Collector Copy - Assessor

STATE OF CONNECTICUT  
OFFICE OF POLICY AND MANAGEMENT  
APPLICATION FOR ADDITIONAL VETERAN'S EXEMPTION  
FILE BIENNIALLY  
FILING PERIOD FEB. 1 - OCT. 1

**2020** GRAND LIST

1. NAME (Last)	(First)	(Middle Initial)	YOUR SOCIAL SECURITY NO.	
2. SPOUSES NAME (Last)	(First)	(Middle Initial)	SPOUSES SOCIAL SECURITY NO.	
3. PROPERTY LOCATION (No. and Street)		CITY OR TOWN	STATE	ZIP CODE
MAILING ADDRESS (If different from above)			TELEPHONE NO.	

4. MARITAL STATUS:     **MARRIED**                       **UNMARRIED** (Single, Divorced, Widow/Widower, or Legally Separated)

5. QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDAR YEAR):

NOTE: VETERANS' DISABILITY PAYMENTS ARE NOT CONSIDERED INCOME FOR THIS PROGRAM.

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 sales of property, etc. If you are required to file a Federal Income Tax Return, enter the amount of Adjusted Gross Income Plus any other income and attach a copy of the return to this application. a. \$ \_\_\_\_\_

b. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds b. \$ \_\_\_\_\_

c. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - (GROSS AMOUNT) *Exclude only if 100% disabled by the United States Department of Veterans Affairs.* c. \$ \_\_\_\_\_

d. ANY INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, and any other income not listed above. d. \$ \_\_\_\_\_

e. TOTAL Add lines 5a through 5d e. \$ \_\_\_\_\_

6. Are you presently receiving a 100% disability rating from the U.S. Dept. of Veterans Affairs?  Yes     No

7. APPLICANT'S AFFIDAVIT    The Applicant herein claims a property tax exemption under provisions of the General Statutes, deposes that the above statements are true and complete and that he/she is not receiving a State exemption in accordance with Section 12-81g in any other town or city. The signature below indicates that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT X	Date signed (Mo, Day, Yr) ____/____/____
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**STOP ! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY**

8. THE APPLICANT IS RECEIVING THE FOLLOWING VETERAN'S EXEMPTION ("A" Code): Amount \$ \_\_\_\_\_

9. ADDITIONAL EXEMPTION ALLOWED ("B" Code): \$ \_\_\_\_\_  
(If less than full additional exemption used, NOTE FULL EXEMPTION here \$ \_\_\_\_\_)

10. ADDITIONAL EXEMPTION ALLOWED: PUBLIC ACT 13-224 MUNICIPAL OPTION \$ \_\_\_\_\_  
(If less than full additional exemption used, NOTE FULL EXEMPTION HERE \$ \_\_\_\_\_)

11. EXEMPTION APPLIED TO:     Real Estate     Motor Vehicle     Personal Property     Supplemental Motor Vehicles

12. 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: \_\_\_\_\_

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