

TOWN OF MONROE

APPLICATION FOR TAX CREDITS ELDERLY AND TOTALLY DISABLED HOMEOWNER

FILING PERIOD FEBRUARY 1ST TO MAY 15TH _____ GRAND LIST

1. NAME (Last)	(First)	(Middle Initial)	YOUR BIRTH DATE	YOUR SOCIAL SECURITY NO.
2. SPOUSE'S NAME (Last)	(First)	(Middle Initial)	SPOUSE'S BIRTH DATE	SPOUSE'S SOCIAL SECURITY NO.

3. MAILING ADDRESS CITY/TOWN STATE ZIP

4. PROPERTY ADDRESS (if different than above) CITY/TOWN STATE ZIP 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. \$ _____ 0.00

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 DATE APPLICANT'S or AGENT'S PHONE NO. AGENT'S RELATIONSHIP
X

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

12. Mill Rate: _____ 13. Amount of Property Tax: \$ _____

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 ASSESSOR'S OFFICE IF YOU FEEL THIS DECISION IS IN ERROR.

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF Date