STATE M-35H | LOCAL ONLY

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

IMPORTANT. Read instructions available at Assessor's office
FILING PERIOD: FEBRUARY lst through MAY 15th

OWNER
_____ **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) ONLY IF DIFFERENT FROM 3. ABOVE | CITY OR TOWN | STATE | ZIP CODE | OTHER NAME ON PROPERTY

5. FILING STATUS: CHECK ONLY ONE: ☐ CIVIL UNION ☐ 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: ☐

IFAPPLICANT IS TOTALLY DISABLED CURRENT PROOF REOUIRED 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.$ _____

EXPLAINOTHER:

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 ASMNT:$ _____

APPLICANT'S GROSS ASMT: $ - _____ *

Subtract Exemptions for: .Blind - _____
Disabled - _____
Veteran's - _____
LocalOptions - _____
Add'l Vets - _____

* Based on % of ownership

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.TableCeiling 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: _____

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