ELDERLY/TOTALLY DISABLED HOMEOWNERS' PROGRAM

REQUEST FOR EXTENSION OF TIME TO FILE

Please complete the following information and return this letter, along with a letter from your doctor, to the Secretary, Connecticut Office of Policy and Management at the address below.

APPLICANT NAME _____

ADDRESS _____

_____ ZIP _____

SOCIAL SECURITY NUMBER _____-_____-_____

TELEPHONE NUMBER (_____) _____-_____

I am requesting an extension of time to file for the Elderly/Totally Disabled Homeowners' Program. I was under a doctor's care during the designated filing period February 1 through May 15 of this year.

Enclosed please find a letter of medical proof from my doctor.

The statutory deadline for filing a Request for Extension of Time to File is August 15th.

_____ _____

Signature Date

Send to: Secretary
Connecticut Office of Policy and Management
450 Capitol Avenue
Hartford, CT 06106-1379

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