Renter’s Rebate Application

ELIGIBILITY REQUIREMENTS:
AGE: 65 (BY 12/31/2019) AND OLDER OR RECEIVING SOCIAL SECURITY DISABILITY
INCOME LIMIT: SINGLE PERSON $37,000 / MARRIED COUPLE $45,100
Resident of Connecticut at least 1 year prior to application
There is no asset limit for this program

Due to COVID-19, the Renter’s Rebate application process will look different this year. Please review the information below carefully and complete the application on the reverse side of this sheet. The application and required documentation must be submitted by October 1, 2020. All documents submitted will be returned via mail.

There are THREE ways to get completed application and required documentation to us.

1. Email SocialServices@GlastonburyCT.gov
2. Mail to Riverfront Community Center, 300 Welles Street, Glastonbury, CT 06033
3. Drop off (in a SEALED ENVELOPE labeled RENTER’S REBATE) to the Parks and Recreation Drop Box, located behind the Academy Building, 2143 Main Street (to the right of the entrance)

PLEASE ANSWER THE FOLLOWING QUESTIONS
Were you born before 1/1/1955? (Circle One) YES NO
Do you receive Social Security Disability? (Circle One) YES NO
Did you live at the same address for ALL of 2019? (Circle One) YES NO
Did anyone over the age of 18 (other than spouse) live with you in 2019? (Circle One) YES NO
Did you file a Tax return for 2019? (Circle One) YES NO

STOP
Did you complete the application on the reverse? Did you remember all of the Required Documentation below?

☐ Proof of all 2019 Income (all that apply)
  - 2019 Social Security 1099 form
  - 2019 Income Tax Return (if filed)
  - If Tax Return NOT filed, ALL 2019 1099 for pensions, interest, etc.

☐ Proof of all 2019 Rent Payments (any option below)
  - All 12 rent receipts for 2019
  - All 12 cancelled checks
  - Letter from landlord detailing 2019 rent payments

☐ Proof of all 2019 Utility Payments (Heat, Electric, Water) (any option below)
  - Printout from Utility Company (call company to request)
  - All 12 cancelled checks

Questions? Call Glastonbury Social Services, 860-652-7638
**STATE OF CONNECTICUT - OFFICE OF POLICY AND MANAGEMENT**

**APPLICATION FOR RENTER'S REBATE OF ELDERLY RENTERS AND TOTALLY DISABLED PERSONS**

**FILING PERIOD APRIL 1 - OCT. 1**

<table>
<thead>
<tr>
<th><strong>2. SPOUSES NAME</strong></th>
<th><strong>3. PRESENT MAILING ADDRESS</strong></th>
<th><strong>5. FILING STATUS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(No. and Street)</td>
<td>CHECK ONLY ONE:</td>
</tr>
<tr>
<td>(First)</td>
<td>CITY OR TOWN</td>
<td>☐ MARRIED ☐ UNMARRIED</td>
</tr>
<tr>
<td>(Middle Initial)</td>
<td>(Don't Abbreviate)</td>
<td>☐ CIVIL UNION ☐ SURVIVING SPOUSE (AGE 50 TO 65)</td>
</tr>
<tr>
<td></td>
<td>STATE</td>
<td>☐ PROOF REQUIRED</td>
</tr>
<tr>
<td></td>
<td>ZIP CODE</td>
<td></td>
</tr>
</tbody>
</table>

**4. RENTAL ADDRESS IN CT IF DIFFERENT THAN ABOVE**

<table>
<thead>
<tr>
<th>CITY OR TOWN</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**5. FILING STATUS:**

CHECK ONLY ONE: ☐ MARRIED ☐ UNMARRIED ☐ CIVIL UNION ☐ 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 PROOF REQUIRED**

**IF APPLICANT IS TOTALLY DISABLED CURRENTLY PROOF REQUIRED**

**CHECK HERE: ☐**

**6. WHAT % OF RENT AND UTILITIES DO YOU PAY?** (Husband and Wife are considered to be one (1) renter)

**%**

**7. TOTAL RENT AND UTILITIES ACTUALLY PAID BY APPLICANT/APPLICANTS**

**$**

**8. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR LAST YEAR?**

☐ - YES (Attach Copy) ☐ - NO

**9. PUBLIC ASSISTANCE RECIPIENTS PLEASE NOTE:** You may receive LESS than the TENTATIVE GRANT on Line 20 below.

**10. DID YOU RENT IN CONNECTICUT FOR THE ENTIRE CALENDAR YEAR?** ☐ YES ☐ NO

**11. IF THE ANSWER TO (10) IS "NO", ENTER DATES YOU RENTED:**

**Starting Mo, Yr**

**Ending Mo, Yr**

**12. INCOME RECEIVED DURING LAST CALENDAR YEAR:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount $</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. GROSS INCOME - Includes: Federal Gross income or its equivalent. Such as, but not limited to, wages, lottery winnings, taxable pensions, IRA's, interest, dividends and net rental income (exclude depreciation).</td>
<td>A. $</td>
</tr>
<tr>
<td>B. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds</td>
<td>B. $</td>
</tr>
<tr>
<td>C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - Add Medicare premiums (Attach SSA 1099)</td>
<td>C. $</td>
</tr>
</tbody>
</table>

**APPLICANT'S/AUTHORIZED AGENT'S AFFIDAVIT**

The applicant or authorized agent deposes that the above statements are true and complete and claim 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 12-228h, section 12-276a, in any town. I grant permission to the Department of Social Services to release the Office of Policy and Management information necessary to help determine my eligibility. 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**

<table>
<thead>
<tr>
<th>Date signed (Mo, Day, Yr)</th>
<th>APPLICANT'S OR AGENT'S PHONE NO.</th>
<th>AGENT'S RELATIONSHIP</th>
</tr>
</thead>
</table>

**STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY**

**13. Amount of rent and utilities paid from Line 7 $**

**X.35**

**14. CREDIT COMPUTATION: QUALIFYING INCOME**

<table>
<thead>
<tr>
<th>FULL YEAR - $</th>
<th>PART YEAR - $</th>
<th>X (NO. MONTHS / 12) x .05 - $</th>
</tr>
</thead>
</table>

**15. Subtract Line 14 from Line 13. If zero or negative amount, there is no benefit. Enter –0- on Line 20.**

**16. Indicate table used:**

☐ Unmarried ☐ Married

**17. MAXIMUM CREDIT ALLOWED**

<table>
<thead>
<tr>
<th>FULL YEAR: amount per table (OR) PART YEAR: amount per table</th>
<th>X (No. of Months / 12) x .05 = $</th>
</tr>
</thead>
</table>

**18. Enter amount on Line 15 or Line 17, whichever is LESS**

**$**

**19. Minimum per table**

**$**

**20. Enter GREATER of Line 18 or 19: TENTATIVE GRANT (Subject to review by Off. of Policy and Management)**

**$**

**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 or local Social Services Office for appeal information.

**SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF**

**Date signed (Mo, Day, Yr)**