

PLEASE PRINT OR TYPE

_____ GRAND LIST OWNER

TOWN OF SEYMOUR
APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER
FILING PERIOD FEBRUARY 1ST THROUGH MAY 15TH

1. NAME (Last) (First) (Middle Initial) YOUR BIRTH DATE (Mo,Day,Yr) YOUR SOCIAL SECURITY NO.
2. SPOUSES NAME (Last) (First) (Middle Initial) SPOUSES BIRTH DATE (Mo,Day,Yr) SPOUSES 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 ONLY IF DIFFERENT FROM 3 ABOVE

5. FILING STATUS:

CHECK ONLY ONE: () Married () Unmarried () Surviving spouse (age 60 to 65) PROOF REQUIRED

IF SPOUSE IS A RESIDENT OF A HEALTH CARE NURSING HOME IF APPLICANT IS TOTALLY TOTALLY DISABLED
OR A NURSING HOME FACILITY IN CT AND DISABLED CURRENT
ON TITLE XIX PROOF REQUIRED CHECK HERE () PROOF REQUIRED CHECK HERE ()

6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? () Yes (attach copy) () No

7. INCOME RECEIVED DURING LAST CALENDAR YEAR:

- A. GROSS INCOME - Includes: Federal Adjusted Gross income or its equivalent. Also includes, but is not limited to wages lottery winnings, taxable pensions, IRA's, interest, dividends and net rental income. 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 INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, Veteran's Disability Payments, and any other income not listed above. D.\$
EXPLAIN OTHER: E. TOTAL Add lines 7A through 7D E.\$

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-12-129d or 12-170aa in any town. Your signature signifies that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT Date signed (Mo,Day,Yr) APPLICANTS OR AGENTS PHONE NO. AGENTS RELATIONSHIP
X / / () (INCL. AREA CODE)

ASSESSOR'S AFFIDAVIT Approved
Disapproved for the following reason:

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

BENEFIT AMOUNT _____