



Mayor

CITY OF NEW HAVEN  
**DEPARTMENT OF ASSESSMENT**  
 165 Church Street  
 New Haven, CT 06510  
(203) 946-4800



Acting City Assessor

**SENIOR TAX RELIEF APPLICATION  
 70 AND OLDER**

**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) <small>ONLY IF DIFFERENT FROM 3 ABOVE</small>		CITY OR TOWN	STATE ZIP CODE	OTHER NAME ON PROPERTY
5. FILING STATUS :				
CHECK ONLY ONE : <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SURVIVING SPOUSE (AGE 62 TO 69) PROOF REQUIRED				
RESIDENT IN THE CITY OF NEW HAVEN FOR AT LEAST THE PRIOR 10 YEARS?		PRINCIPLE RESIDENCE FOR A LEAST 183 DAYS OF EACH YEAR?		IF SPOUSE IS A RESIDENT OF A HEALTH CARE OR A NURSING HOME FACILITY IN CT AND ON TITLE XIX
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <u>PROOF REQUIRED</u>
6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? <input type="checkbox"/> YES (Attach Copy) <input type="checkbox"/> 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. \$ _____	
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 New Haven Code of Ordinances. The property for which tax relief is claimed, is the permanent residence/domicile of the applicant. He/she is not receiving any other benefits in any other town or state. The penalty for making a false affidavit is the refund of all tax relief improperly taken, with interest at the rate applicable to unpaid taxes and a fine of not more than \$500.00 per false application submitted. Your signature signifies that this affidavit has been read and understood.			
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT X	Date signed (Mo, Day, Yr)	APPLICANT'S OR AGENT'S PHONE NO. (INCL. AREA CODE)	AGENT'S RELATIONSHIP	
IF THE PROPERTY TAX INCREASE IS GREATER THAN \$2,000 , I WOULD LIKE THE DIFFERENCE TO BE DEFERED, WHICH WOULD INCLUDE THE CITY PLACING A LIEN ON MY PROPERTY. <input type="checkbox"/> YES <input type="checkbox"/> NO				
I UNDERSTAND IF MY INCOME EXCEEDS \$ _____ AND IS LESS THAN \$ _____ ANY AMOUNT DEFERED WILL BE APPLIED IN THE FORM OF A LIEN. <input type="checkbox"/> YES <input type="checkbox"/> NO				
ASSESSOR'S AFFIDAVIT	<input type="checkbox"/> - I am satisfied that the above named applicant meets all the necessary statutory requirements <input type="checkbox"/> - This claim is disallowed for the following reason: _____ <b>Please see the instructions at the Assessor's Office if you need to appeal this decision</b>			
SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF			Date signed (Mo.,Day,Yr.)	

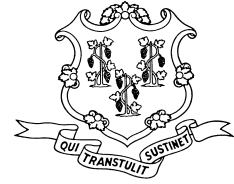


Justin Elicker  
Mayor

CITY OF NEW HAVEN  
DEPARTMENT OF ASSESSMENT

165 Church Street  
New Haven, CT 06510  
Phone: (203) 946-4800  
assessor@newhavenct.gov

Alexzander Pullen  
Acting City Assessor



Michael Courtney  
Assistant Assessor

### City Senior Tax Relief

The application period for 2025 Senior & Disabled Homeowners Tax Relief is open from Monday, February 3, 2025. The deadline to apply by mail is Tuesday, April 15th, 2025, and the deadline to apply in person is Thursday, May 15<sup>th</sup>, 2025.

Applications must be submitted with copies of proof of all **2024** income. This includes an income tax return, if filed or plan to file. If not, include all **2024** income statements. **A 1099 Form from Social Security for 2024 is required, even if an income tax return is filed.**

To be eligible you must be a property owner or have life use. You or your spouse must have turned age 70 by December 31st, 2024. You are also eligible if you are over 62 and are the surviving spouse of someone who has qualified and was entitled to the credit at the time of their death. You must also have resided in New Haven for at least 10 years and occupy the property for at least 183 days a year. If eligible, taxes will be frozen as of the date of initial application.

**Abatement:** The income requirements for married and single are the same. If your income is under \$78,470 your taxes can be abated up to \$2,000.

**Deferral:** (1) If your income is under \$78,470 and the credit you receive is going to be over \$2,000, the difference can be deferred until the sale of property or time of death. (2) If your income is between \$78,470 and \$117,710 the tax savings will be deferred until the sale of property or time of death. All deferrals will require a lien placed on the property by the City of New Haven. Tax credits, once filed for and approved by the Assessor, generally extend for a two-year assessment period.

This benefit is applied to actual tax dollars due and is a calculated amount for each individual homeowner. Calculated factors include marital status, income, % of ownership, other benefits already received (I.E. veterans), assessment and mill rate.