

**APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER**

**OWNER
GRAND LIST**

FILING PERIOD: FEBRUARY 1st through MAY 15th

1. NAME (Last)	(First)	(Middle Initial)	YOUR BIRTH DATE	YOUR SOCIAL SECURITY NO.
2. SPOUSE'S NAME (Last)	(First)	(Middle Initial)	SPOUSE'S BIRTH DATE	SPOUSE'S SOCIAL SECURITY NO.

3. MAILING ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP _____

4. PROPERTY ADDRESS (if different than above) CITY/TOWN _____ STATE _____ ZIP _____	OTHER NAME ON PROPERTY _____
---	------------------------------

5. FILING STATUS: CIVIL UNION
 CHECK ONLY ONE: 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 <u>CURRENT PROOF REQUIRED</u> CHECK HERE: _____	IF APPLICANT IS TOTALLY DISABLED <u>CURRENT PROOF REQUIRED</u> 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.\$ _____

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 not more than \$500.00. Your signature signifies that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT _____	DATE _____	APPLICANT'S or AGENT'S PHONE NO. _____	AGENT'S RELATIONSHIP _____
--	------------	--	----------------------------

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 _____ %	14. Allowable Table Percentage: _____ %
PROPERTY'S GROSS ASMT:\$ _____	APPLICANT'S GROSS ASMT: \$ - _____ *	15. Credit Maximum:
Subtract Exemptions for: Blind - _____	Disabled - _____	a. Line 13 or **13a X Line 14 \$ _____
* Based on % of ownership	Veteran's - _____	b. Table Ceiling X Line 10 \$ _____
	Local Options - _____	16. a. Lesser of Line 15a or 15b \$ _____
	Add'l Vets - _____	b. Minimum Grant \$ _____
11. Net Assessment (based on APPLICANT'S GROSS ASMT. minus total exemptions) (MUST agree with the continuation sheet) \$ _____		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: _____ {Per Connecticut General Statutes Section 12-170cc an applicant has the right to appeal the Assessor's decision to the Secretary of OPM, in writing, within 30 business days from the date of notice given by the Assessor}
----------------------	---

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF _____	Date _____
---	------------

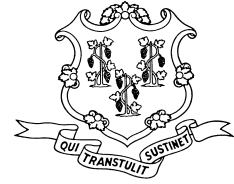


Justin Elicker
Mayor

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

Elderly / Totally Disabled Homeowner Tax Credit

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 15th, 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 65 by December 31st, 2024. You may also be eligible if you are over 50 and are the surviving spouse of someone who has qualified and was entitled to the credit at the time of their death. If you are totally disabled, you are eligible regardless of age as long as you provide proof of award of total permanent disability dated no later than December 31st, 2024. The income limits for the program are set below. The claimant must reside at the property. Tax credits, once filed for and approved by the Assessor, generally extend for a two-year assessment period.

INCOME LIMITS

All income received including Social Security.

	MARRIED	SINGLE
Income Maximum	\$ 55,100	\$ 45,200
Benefit Maximum	\$ 1,250	\$ 1,000
Benefit Minimum	\$ 150	\$ 150

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.