

TOWN OF SOUTHBURY
HOMEOWNERS APPLICATION FILE BIENNIALLY FEB.1-MAY 15

2011 GRAND LIST

NAME _____ DATE OF BIRTH ___/___/___ SS# ___-___-___

SPOUSE _____ DATE OF BIRTH ___/___/___ SS# ___-___-___

ADDRESS _____ YEAR PROPERTY ACQUIRED _____

ADDRESS OF PREVIOUSLY OWNED
AND OCCUPIED RESIDENCE IN SOUTHBURY
IF LESS THAN 3 YEARS @ ABOVE _____
RESIDENCY IS DEFINED AS 183 DAYS PER YEAR

MARRIED ___ UNMARRIED ___ SURVIVING SPOUSE BETWEEN 60 & 65 ___ DISABLED ___ (Proof Required)

U.S. CITIZEN _____ (U.S. CITIZENSHIP A REQUIREMENT OF LOCAL PROGRAM)

(IF YOUR INCOME QUALIFIES YOU FOR THE STATE CIRCUIT BREAKER PROGRAM SKIP THE NEXT SECTION)

(IF YOU ARE SINGLE AND YOUR INCOME IS LESS THAN \$32,300 OR IF YOU ARE MARRIED AND YOUR INCOME IS
LESS THAN \$39,500 YOU MUST APPLY FOR THE CIRCUIT BREAKER PROGRAM IN ORDER TO BE ELIGIBLE FOR THE
LOCAL PROGRAM)

COMPLETE THIS SECTION IF YOU ARE OVER CIRCUIT BREAKER INCOME LIMITS

DID YOU FILE A FEDERAL INCOME TAX RETURN FOR THE GRAND LIST YEAR _____ YES (copy attached) NO _____

INCOME RECEIVED DURING LAST CALENDER YEAR

A. GROSS INCOME (see Circuit Breaker Requirements AGI) _____

B. NON-TAXABLE INTEREST (see Circuit Breaker Requirements) _____

C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME (attach SSA 1099) _____

D. ANY INCOME NOT REFLECTED IN THE ABOVE (see Circuit Breaker Requirements) _____

TOTAL INCOME _____

I certify that the information provided by me is true and accurate. I understand that any false or inaccurate information will result in denial and or revocation of this benefit and that I will be liable to The Town of Southbury for repayment of said benefit.

Signature Date () Phone #

Upon Approval for the State Program the Town will match the benefit provided. In the event that you have exceeded the income limits set by the State but are under the limits set by the Town, you will be granted a benefit of \$300.00, prorated by your percentage of ownership. The Town benefit will be subject to the same rules and regulations in place for the State Program with the additional requirements that you must have been a resident/owner of property in Southbury for three years preceding the Grand List mentioned above, U. S citizenship and current on taxes. The benefits provided by the State and the Town can not exceed 75% of the taxes due for your property.

QUALIFIED FOR LOCAL CREDIT _____ DISALLOWED FOR THE FOLLOWING REASON _____

ID# _____ % OF OWNERSHIP _____ AMOUNT OF LOCAL CREDIT _____

ASSESSOR

TAX COLLECTOR