

LOCAL ELD
Base Year = 2014
UID =

TOWN OF SOUTHURY
APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER
1. Return this to the Assessor's Office.
3. FILING PERIOD: FEBRUARY 1st through MAY 15th

GRAND LIST OWNER

1. NAME (Last) (First) (Middle Initial) | YOUR BIRTH DATE (Mo, Day, Yr) | YOUR SOCIAL SECURITY #
| ____/____/____ | ____-____-____

2. SPOUSE'S NAME (Last) (First) (Middle Initial) | SPOUSE'S BIRTH DATE (Mo, Day, Yr) | SPOUSE'S SOC. SEC. #
| ____/____/____ | ____-____-____

3. MAILING ADDRESS (No. and Street) CITY OR TOWN (Don't Abbreviate) STATE ZIP CODE

4. PROPERTY ADDRESS (No. and Street) CITY OR TOWN (Don't Abbreviate) STATE ZIP CODE | OTHER NAME ON PROPERTY
(Only if different from above) |

5. FILING STATUS - CHECK ONLY ONE: Married Unmarried Surviving Spouse (Age 50 to 65) Civil Union

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

8. APPLICANT'S/ | The applicant or authorized agent deposes that the above statements are true and complete and claims tax relief
AUTHORIZED | under provisions of the Connecticut General Statutes. The property for which tax relief is claimed is the
AGENT'S | permanent residences/domicile of the applicant. He/she is not receiving State Elderly tax benefits under section
AFFIDAVIT | 12-129b, 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 \$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 | Date signed (Mo, Day, Yr) | APPLICANT'S OR AGENT'S PHONE NO. | AGENT'S RELATIONSHIP
X _____ | ____/____/____ | () INCL. AREA CODE |

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: ____%
PROPERTY'S GROSS ASMT: \$ _____ APPLICANT'S GROSS ASMT: \$ _____ *
Subtract Exemptions for: Blind - \$ _____
Disabled - \$ _____
* Based on Percentage of Ownership Veteran's - \$ _____
Local Options - \$ _____
Add'l Vets - \$ _____
14. Allowable Table Percentage: ____%
15. Credit Maximum:
a. Line 13 X Line 14 \$ _____
b. Table Ceiling x Line 10 \$ _____
16. a. Lesser of Line 15a or 15b \$ _____
b. Minimum Grant \$ _____
11. Net Assessment based on ownership (Line 10) minus total exemptions (MUST agree to continuation sheet) \$ _____ 17. CREDIT AMOUNT Greater of 16a or 16b \$ _____

12. Mill Rate: | 13. Amount of Property Tax: \$ _____

ASSESSOR'S | - I am satisfied that the above named applicant meets all the necessary statutory requirements
AFFIDAVIT | - This claim is disallowed for the following reason: _____
| Please see the instructions at the Assessor's Office if you need to appeal this decision.

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF | Date Signed (Mo,Day,Yr)
X _____ | ____/____/____