

PLEASE PRINT OR TYPE

M-35H Rev. 12/2018

STATE OF CONNECTICUT - OFFICE OF POLICY AND MANAGEMENT
APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER
 FILING PERIOD: FEBRUARY 1st through MAY 15th

OWNER
GRAND LIST

1. NAME (Last)	(First)	(Middle Initial)	YOUR BIRTH DATE (mm/dd/yyyy)	YOUR SOCIAL SECURITY NO.
2. SPOUSE'S NAME (Last)	(First)	(Middle Initial)	SPOUSE'S BIRTH DATE (mm/dd/yyyy)	SPOUSE'S SOCIAL SECURITY NO.
3. MAILING ADDRESS (No. and Street)			CITY OR TOWN (Don't Abbreviate)	STATE ZIP CODE
4. PROPERTY ADDRESS (No. and Street) ONLY IF DIFFERENT FROM 3. ABOVE		CITY OR TOWN	STATE ZIP CODE	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 CURRENT PROOF REQUIRED CHECK HERE: ☐

IF APPLICANT IS TOTALLY DISABLED 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. 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.\$ _____

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 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 X	Date signed (mm/dd/yyyy) ____/____/____	APPLICANT'S or AGENT'S PHONE NO. () _____	AGENT'S RELATIONSHIP _____
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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 - _____	16a. 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 \$ _____
12. Mill Rate: _____	13. Amount of Property Tax: or **13a. Amount of Frozen Tax: \$ _____	Greater of 16a or 16b \$ _____

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 signed (mm/dd/yyyy)
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