

# Town of Barkhamsted

Assessor's Office  
67 Ripley Hill Road, Barkhamsted, CT 06063

## APPLICATION FOR TAX CREDITS

### LOCAL ELDERLY AND/OR TOTALLY DISABLED HOMEOWNER

1. NAME (Last)	(First)	(Middle initial)	Your Birth Date (M/D/Y)	Your Social Security No.
2. SPOUSE'S NAME (Last)	(First)	(Middle Initial)	Spouse's Birth Date (M/D/Y)	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)	CITY or TOWN	STATE	ZIP CODE	OTHER NAME ON PROPERTY
5. FILING STATUS CHECK ONLY ONE: <input type="checkbox"/> MARRIED (Civil Union) <input type="checkbox"/> UNMARRIED (Single, Widow(er), Divorced, Legally Separated) <input type="checkbox"/> SURVIVING SPOUSE (AGE 50 TO 65) PROOF REQUIRED				
6. IS THE PROPERTY ADDRESS CONSIDERED TO BE YOUR LEGAL RESIDENCE FOR 183 DAYS OF THE YEAR?				<input type="checkbox"/> YES <input type="checkbox"/> NO
7. HAVE YOU BEEN A RESIDENT OF BARKHAMSTED FOR THE PAST 5 YEARS PRIOR TO OCT. 1 OF GRAND LIST?				<input type="checkbox"/> YES <input type="checkbox"/> NO
8. IS ANYONE OVER THE AGE OF 21 RESIDING AT THIS ADDRESS WHO IS NOT AN OWNER?				<input type="checkbox"/> YES <input type="checkbox"/> NO
9. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR?				<input type="checkbox"/> YES (Attach Copy) <input type="checkbox"/> NO (Attach 1099's)

### 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 A through D E. \$ \_\_\_\_\_.

<b>APPLICANT'S / AUTHORIZED AGENT'S AFFIDAVIT</b>	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 <b>fine of \$500.00 or imprisonment for one year, or both.</b> The <b>SIGNATURE BELOW INDICATES THAT THIS AFFIDAVIT HAS BEEN READ AND UNDERSTOOD.</b>		
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT X	Date signed (M/D/Y) ____ / ____ / ____	APPLICANT'S/AGENTS PHONE#	AGENT'S RELATIONSHIP

### STOP! DO NOT WRITE BELOW THIS LINE – FOR TOWN'S USE ONLY

Mill Rate:	Taxes after State Benefit: \$ _____	Allowable Table Percentage % _____	Credit Amount: (Not to exceed State Credit) \$ _____
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<b>ASSESSOR'S AFFIDAVIT</b>	____ - I am satisfied that the above named applicant meets all the necessary requirements. ____ - This claim is <b>DISALLOWED</b> for the following reason: _____		
SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF	Date signed (M/D/Y) ____ / ____ / ____		