



Grand List: October 1, _____

Mill Rate: _____

APPLICATION FOR TAX RELIEF - DEFERRAL PROGRAM

Elderly and/or Totally Disabled Homeowners – Local Option

Filing Period: February 1st – May 15th

Residents or spouses who may qualify for tax relief under Sections 12-129b through 12-129d, inclusive, 12-129h and/or 12-170aa of the Connecticut General Statutes must apply for and be included, if qualified, in such program(s) as a condition precedent to qualifying for and receiving benefits under the Town of Durham Tax Deferral Program (DTDP). Have you applied?

Yes

No

Name:

Age:

Last

First

Middle Initial

Date of Birth (Month/Day/Year):

Social Security Number:

Spouse Name:

Age:

Last

First

Middle Initial

Date of Birth (Month/Day/Year):

Social Security Number:

Mailing Address:

Property Address (If Different):

Filing Status: Single Married Surviving Spouse of Qualifying Taxpayer (*Proof Required*)

Percentage of interest owned in the above property: 100% Other

Have you or your spouse been a taxpayer in Durham for one year as of October 1st of the prior year? Yes No

Do you occupy the above property as your principal residence for at least 184 days each year? Yes No

Is your property held in a Trust? No Yes (*Copy of Trust Agreement Required*)

If yes, are you or your spouse the primary beneficiary? Yes No

Are you or your spouse 65 years of age or older? Yes No

Are you 60 – 64 years of age and a surviving spouse of a qualified taxpayer? Yes No

Are you under age 65 and eligible for permanent, total disability benefits under Social Security or any Federal, State or local government related plan comparable to Social Security? Yes (Current Proof Required) No

Is your home your principal residence and are you liable for tax payment under CGS Section 12-48? Yes No

Do you owe delinquent taxes to the Town of Durham? Yes No

Is your spouse a resident of a health care facility or nursing home in CT? Yes (Current Proof Required) No

Do you or will you file a Federal Tax Return for the year? Yes (Attach Copy) No

INCOME RECEIVED DURING LAST CALENDAR YEAR

A. **TAXABLE INCOME:** Includes Federal Income or its equivalent. Also includes, but is not limited to, wages, lottery winnings, taxable pensions, IRA's , interest, dividends, capital gains and net rental income.

B. **NON-TAXABLE INTEREST:** (i.e. – Interest from Tax Exempt Bonds)

C. **SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME:**
Add Medicare Premiums / Attach SSA-1099

D. **ANY INCOME NOT REFLECTED ABOVE:** (i.e. – Federal Supplemental Security Income, State of Connecticut Public Assistance payments, S.A.G.A., Veteran’s Pensions, veteran’s Disability Payments, Workers’ Compensation, Unemployment Compensation and any other income not listed above.)

E. **OTHER:** (i.e., bonuses, commissions, fees, self-employment)
Explain:

TOTAL:

A
B
C
D
E
TOTAL:

AFFIDAVIT

I, the Applicant / Applicant’s Authorized Agent, do hereby depose and say that:

1. The statements contained in this Application are true and complete.
2. I seek tax relief as outlined in Chapter 15, Article III, Section 15-51 et seq. of the Town of Durham’s Code of Ordinances.
3. The property for which tax relief is sought is my principal residence.
4. I understand that I will be liable to reimburse the Town for all benefits received should this Affidavit or the material information presented with this Application prove false, and that reimbursement will be treated as unpaid taxes from the date the taxes would have been due, plus interest and penalties as prescribed by law.

Applicant or Authorized Agent

Signature Date

Applicant/ Agent Phone Number

Authorized Agent’s Relationship to Applicant

Assessor, Assessor’s Staff or Municipal Agent for the Elderly

Signature Date

Date Application Received