



Town of Easton

TOWN HALL - ASSESSOR'S OFFICE
225 CENTER ROAD
EASTON, CONNECTICUT 06612

PHONE (203) 268-6291
FAX (203) 268-4928
www.eastonct.gov

February 1, 2024

RE: ELDERLY HOMEOWNERS – STATE TAX CREDIT

Dear Easton Homeowner:

Enclosed is an "Application for Tax Credits for Elderly Homeowner" for the 2023 Grand List. Please sign and return the application with your **2023** Income Tax return (or) any other proof of income you may have.

The State of Connecticut is also requiring that a copy of your **2023 SOCIAL SECURITY BENEFIT STATEMENT form (SSA-1099)** be attached to your application. This application must be returned **NO LATER THAN MONDAY, APRIL 15, 2024** otherwise you **MUST** bring the application in person to the Assessor's Office **NO LATER THAN WEDNESDAY, MAY 15, 2024**. If you require someone to pick up your paperwork, the Assessor will be more than happy to arrange to do so.

Please **DO NOT** enter any figures on the application. The income levels start at \$43,800 for singles and up to \$53,400 for married applicants.

Please notify the Assessor's Office by April 15, 2024 if you do not intend on filing or are over income for the benefit.

If you have any questions, please call the Assessor's Office at 203-268-6291.

Yours truly,

Rachel Maciulewski, CCMA I
Assessor
Rmaciulewski@eastonct.gov

APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER
FILING PERIOD: FEBRUARY 1st through MAY 15th

1. NAME (Last) (First) (Middle Initial) YOUR BIRTH DATE (Mo, Day, Yr) YOUR SOC. SEC. #

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

5. FILING STATUS - CHECK ONLY ONE: Civil Union 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). B. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - Add Medicare premiums (Attach SSA 1099) 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. E. TOTAL Add lines 7A through 7D

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 \$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

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: 15. Credit Maximum: a. Line 13 or **13a 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 APPLICANT'S GROSS ASMT. minus total exemptions) (MUST agree with the continuation sheet) 17. CREDIT AMOUNT Greater of 16a or 16b

12. Mill Rate: 13. Amount of Property Tax: or **13a. Amount of Frozen Tax: **NOTE: If local freeze program is offered by municipality you must enter frozen tax amount in Box 13a and Box 15a

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 (Mo,Day,Yr)