



TOWN OF COLCHESTER

_____ GRAND LIST

**APPLICATION FOR TAX DEFERRAL
FOR ELDERLY AND TOTALLY DISABLED HOMEOWNERS
FILE ANNUALLY BETWEEN FEBRUARY 1—AUGUST 1**

PLEASE PRINT
OR TYPE

1. NAME (Last)	(First)	(Mid. Initial)	Your Birth Date	Your Soc. Sec. #
2. SPOUSES NAME (Last)	(First)	(Mid. Initial)	Spouses Birth Date	Spouses Soc. Sec. #
3. MAILING ADDRESS (No. and Street)		(City)	(State)	(Zip Code)
4. PROPERTY ADDRESS (No. and Street)		(City)	(State)	(Zip Code)
5. FILING STATUS:				
(Check only one) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Surviving Spouse (Age 50 – 65) Proof Required				
If spouse is a resident of a Health Care or a Nursing Home Facility in CT and on Title XIX (Proof Required)		Nursing Home Check Here: <input type="checkbox"/>	If Applicant is Totally Disable (Current Proof Required)	Totally Disabled Check Here: <input type="checkbox"/>
6. Did or will you file a Federal Tax Return for Last Year?			<input type="checkbox"/> Yes (Attach Copy)	<input type="checkbox"/> No
7. Income Received During Last Calendar Year:				
A. Taxable 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 Income – 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, Non-taxable pension and any other income not listed above.			D.\$	_____
E. TOTAL (Add lines 7A through 7D)			E.\$	_____

NOTE:

Your signature on the bottom of this application indicates that you have read and fully understand the attached terms and conditions which are applicable.

Upon granting a deferral of taxes owed, the Town of Colchester will file a Lien on the eligible property on a yearly basis at an annual rate of three percent (3%).

DATE STAMP

8. Applicant’s or 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 has already applied for State Elderly tax benefits under Section 12-129b, Section 12-170d. I grant permission to the Department of Revenue Services to release to the Office of the Assessor information necessary to help determine my eligibility. The signature below indicates that this affidavit has been read and understood.			
	Signature of Applicant or Authorized Agent	Date Signed	Applicant’s/Agent’s Phone No.	Agent’s Relationship

STOP DO NOT WRITE BELOW ASSESSOR’S OFFICE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Signature of Assessor or Member of Assessor Staff:	Date Signed