

TOWN OF WINDSOR LOCKS  
APPLICATION FOR TAX CREDITS  
ELDERLY AND TOTALLY DISABLED HOMEOWNER  
IMPORTANT: Read instructions available at Assessor's office  
FILING PERIOD: FEBRUARY 1st through MAY 15th

2023 GRAND LIST OWNER

Base Year: 0

1. NAME (Last)	(First)	(Middle I)	YOUR BIRTH DATE (Mo, Day, Yr)	YOUR SOC. SEC #
2. SPOUSE'S NAME (Last)	(First)	(Middle I)	SPOUSE BIRTH DATE (Mo, Day, Yr)	SPOUSE SOC. SEC #
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 (Don't Abbreviate)	STATE ZIP CODE OTHER NAME ON PROPERTY
5. FILING STATUS - CHECK ONLY ONE:				
<input type="checkbox"/> Civil Union <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> 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: <input type="checkbox"/>	IF APPLICANT IS TOTALLY DISABLED CURRENT PROOF REQUIRED    CHECK HERE: <input type="checkbox"/>
6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR ? <input type="checkbox"/> YES (Attach Copy) <input type="checkbox"/> 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 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. INCL. AREA CODE	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: _____ 50.00%	14. Allowable Table Percentage: _____
PROPERTY'S GROSS ASMT	APPLICANT'S GROSS ASMT \$ _____	15. Credit Maximum:
	Blind - \$ _____	a. Line 13 or **13a X Line 14 _____
	Disabled - \$ _____	b. Table Ceiling x Line 10 _____
* Based on Percentage of Ownership	Veteran's - \$ _____	16. a. Lesser of Line 15a or 15b _____
	Local Option's - \$ _____	b. Minimum Grant _____
	Add'l Vets - \$ _____	17. CREDIT AMOUNT
11. NET ASSESSMENT (based on APPLICANT'S GROSS ASMT minus total exemptions) (MUST agree with the continuation sheet)		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 X _____		Date signed (Mo, Day, Yr)