

TOWN OF EAST HARTFORD
LOCAL OPTION
ELDERLY OR TOTALLY DISABLED HOMEOWNER
APPLICATION FOR EXEMPTION
FILE BIENNIALY
FILING PERIOD: FEBRUARY 1 - May 15, 2024

2023 GRAND LIST

Application period: 2023-2024

1.NAME (Last) (First) (Middle Initial)	DATE OF BIRTH / /	YOUR SOCIAL SECURITY NO. - -
2.SPOUSE'S NAME (Last) (First) (Middle Initial)	DATE OF BIRTH / /	SPOUSE'S SOCIAL SECURITY NO. - -
3.MAILING ADDRESS (No. and Street)	CITY OR TOWN STATE ZIP	PHONE - -
4. AGENT'S NAME / ADDRESS (No. and Street)	CITY OR TOWN STATE ZIP	PHONE - -

5. QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDAR YEAR):

a.TAXABLE INCOME

Example: Wages, Bonuses, Commissions, Fees, Gratuities, Payment for Jury Duty (excluding travel allowance), Lottery winnings, Taxable portion of Annuities and Pensions (including Veteran's), Taxable portion of IRA's, Interest, Dividends, Net rent or proceeds from sales of property, etc. If you are required to file Federal Income Tax Return, enter the amount of Adjusted Gross Income plus any other income and attach a copy of the return to this application.

a. \$ _____

b.NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds

b. \$ _____

c.SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - GROSS AMOUNT

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, and any other income not listed above.

d. \$ _____

f. Less Disabled spouse/family exemption (\$10,000) _____

e. TOTAL Add lines 5a through 5d

e. \$ _____

Please check one of the following statements and sign below:

_____ My/our assets, excluding the value of my/our primary residence and any tax deferred retirement investments, **DO NOT EXCEED** \$100,000.

_____ My/our assets, excluding the value of my/our primary residence and any tax deferred retirement investments, **DO EXCEED** \$100,000.

6. APPLICANT'S OR AGENT'S AFFIDAVIT

The applicant or authorized agent deposes that the above statement is true and complete and claims tax relief under the provisions of the Town of East Hartford Ordinances, Article 5, Chapter 10. I grant permission to the Town of East Hartford to obtain information necessary to help determine my eligibility. The penalty for making a false affidavit is the refund of all credits improperly taken. The signature below indicates that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

Date signed (Month, Day, Year)

X

DO NOT WRITE BELOW THIS LINE

FOR ASSESSOR'S USE ONLY

Parcel or Unique ID: _____

Income (line 5e.) _____ 7% of Income _____ Adjusted Tax Amt (after state benefit if eligible) _____

Tax amount - 7% of income = Credit amount _____ Credit to be applied _____

9. ASSESSOR'S AFFIDAVIT:

_____ I am satisfied that the above named applicant(s) meets all the necessary statutory requirements.

_____ This claim is disallowed for the following reason: _____ over income
_____ tax does not exceed 7% of income
_____ other _____

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF

Date signed (Month, Day, Year)