



TOWN OF DURHAM

Application for Property Tax Relief - Elderly and/or Totally Disabled Homeowners

Filing Period: February 1st through May 15th

PLEASE PRINT NEATLY OR TYPE

Mill Rate: _____

Before tax relief or any portion thereof under this program is given, an applicant must first apply for tax relief under any state program for which he/she is eligible. Have you applied for tax relief under CT Statute C.G.S., Section 12-170aa No Yes

1. NAME (Last) (First) (Middle Initial) YOUR BIRTH DATE (Mo/Day/Yr) YOUR SOCIAL SECURITY NO.

2. SPOUSE NAME (Last) (First) (Middle Initial) SPOUSE BIRTH DATE (Mo/Day/Yr) SPOUSE SOCIAL SECURITY NO.

3. MAILING ADDRESS (No. and Street) City or Town (Don't abbreviate) STATE ZIP CODE

4. PROPERTY ADDRESS (If Different) (No. and Street) City or Town STATE ZIP CODE

5. FILING STATUS: (Check only one) Married Unmarried Surviving Spouse (Age 60 Proof Required)

6. Percentage of interest owned in the above property? 100% _____ Other _____

7. Did you occupy the above property as your principal residence and occupy the residence for at least 184 days each year? Yes No

8. Did you reside on the above property for the preceding ten years? Yes No

a. If you answered no in No. 8 above, did you reside at a different address in Durham for less than ten years? Yes No

b. Former Address: _____ c. List Dates of Ownership: From: _____ To: _____

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

10. If applicant is totally disabled, check here. _____ (PROOF REQUIRED)

11. If spouse is a resident of a health care or nursing home in Connecticut, check here. _____ (PROOF REQUIRED)

12. Did you or will you file a federal tax return for the grand list year? Yes (Attach copy) No

13. Income received during the last calendar year must include "Household Qualifying Income" which is defined as income of all persons over age 22 residing in the applicant's household during the calendar year preceding the filing of this application.

Is your annual adjusted household gross income, as defined above, equal to or less than \$40,000? Yes No (PROOF REQUIRED)

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, capital gains and net rental income.	A.	\$ _____
B. NON-TAXABLE INTEREST (Example: Interest from Tax Exempt 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, S.A.G.A , Veteran's Pensions, Veteran's Disability Payments and any other income not listed above.	D.	\$ _____
E. OTHER Explain _____	E.	\$ _____
TOTAL (A - E)	F.	\$ _____

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 principal residence of the applicant. The penalty for making a false affidavit is the refund of all benefits received. The amount due will be treated as taxes not paid from the due date and will be subject to interest and penalties as prescribed by law. Your signature signifies that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT Date signed (Mo/Day/Yr) Date application received

Applicant's or Agent's Phone No. (include area code) Agent's Relationship to Applicant

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF Date signed (Mo/Day/Yr)