



Town of Wilton
Application for Tax Relief for the Elderly and Disabled
Homeowner

2023
Grand List

Filing Period: February 1st through May 15th

Name: _____ DOB: ____ / ____ / ____ SS #: _____

Spouse's Name: _____ DOB: ____ / ____ / ____ SS #: _____

Property Address: _____ List #: _____ Phone #: _____

Mailing Address: *(If different from above)* _____

- | | | |
|--|-----|---------|
| 1. Applicant is a resident of the Town of Wilton at time of application: | YES | NO |
| 2. Applicant has been a taxpayer of the Town for one (1) year immediately preceding the receipt of tax relief under this Article: | YES | NO |
| 3. Applicant occupied property as PRINCIPAL RESIDENCE for more than 183 days during the twelve months immediately prior to the filing of this application: | YES | NO |
| 4. Applicant's percentage of ownership: | | _____ % |
| 5. Applicant is 65 years of age or older as of December 31, 2023: | YES | NO |
| OR applicant is 60 years of age or over as of December 31, 2023 and is the surviving spouse of a taxpayer who qualified for tax relief at the time of his/her death: | YES | NO |
| OR applicant is under 65 years of age and is permanently totally disabled under SS, Railroad Retirement Act, or any Federal, State or Local Government retirement program with requirements similar to Social Security. If so, attach a copy of the Total Disability Certificate: | YES | NO |
| 6. Applicant or his or her spouse has paid all taxes due to the Town of Wilton in the fiscal year immediately preceding the fiscal year for which the credit is applied: | YES | NO |
| 7. Applicant has applied for tax relief under State of Connecticut Statutes: | YES | NO |
| 8. Applicant receives tax relief as a homeowner in another state or in another Connecticut municipality: | YES | NO |
| 9. Attached a copy of the signed IRS Form 1040 and 1099 Social Security Statement for 2023. If no IRS filing is necessary, copies of all income sources including 2023 1099 Social Security Statements are required. | YES | NO |

SWORN AFFIDAVIT

The above-named applicant, or authorized agent, deposes and says that the above statements are true and complete and claims tax relief under provisions of Chapter 26A of the Town Code of the Town of Wilton. The preceding applicant or authorized agent is also aware that the penalty for making a false affidavit is \$500 fine or imprisonment for one year or both.

Signature of Applicant or Authorized Agent

Date Signed

Phone Number

Agents Relationship



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ELECTION OF RELIEF PROGRAM

Choose one of the following program options

Tax Credit

Credit & Deferral

STOP! DO NOT WRITE BELOW THIS LINE – ASSESSOR’S USE ONLY

QUALIFYING INCOME

GROSS INCOME – Federal adjusted gross income minus taxable social security.

Includes: Federal Gross Income or its equivalent. Such as, but not limited to wages, lottery winnings, pensions, IRA withdrawals, interest and dividends.

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 Social Security Income, State of Connecticut public assistance payments, Veteran’s Disability Pensions, rental and/or business depreciation and any other income not listed above.

D. \$ _____

Description of ‘Other Income’: _____

E. SUBTOTAL – Add lines A through D

E. \$ _____

F. MEDICAL DEDUCTION – Schedule A

F. \$ _____

G. TOTAL – Line E minus line F

G. \$ _____

ASSESSOR’S AFFIDAVIT

Approved _____

Town Credit Amount _____

Not Approved _____ Reason _____
_____ %

Town Deferral %

Signature of Assessor or Member of Assessor’s Staff

Date Signed