

PLEASE PRINT OR TYPE

M-35H Rev. 12/2018

STATE OF CONNECTICUT - OFFICE OF POLICY AND MANAGEMENT

APPLICATION FOR TAX CREDITS ELDERLY AND TOTALLY DISABLED HOMEOWNER

FILING PERIOD: FEBRUARY 1st through MAY 15th

**OWNER
GRAND LIST**

1. NAME (Last) (First) (Middle Initial)	YOUR BIRTH DATE (mm/dd/yyyy) / /	YOUR SOCIAL SECURITY NO. -
2. SPOUSE'S NAME (Last) (First) (Middle Initial)	SPOUSE'S BIRTH DATE (mm/dd/yyyy) / /	SPOUSE'S SOCIAL SECURITY NO.
3. MAILING ADDRESS (No. and Street)	CITY/TOWN (Don't abbreviate)	STATE ZIP CODE
4. PROPERTY ADDRESS (No. and Street) ONLY IF DIFFERENT FROM 3. ABOVE	CITY OR TOWN STATE ZIP CODE	OTHER NAME ON PROPERTY

5. FILING STATUS: ☐ CIVIL UNIONCHECK ONLY ONE: ☐ MARRIED☐ UNMARRIED

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: ☐
 IF APPLICANT IS TOTALLY
DISABLED
CURRENT PROOF REQUIREDCHECK HERE: ☐6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? ☐ YES (Attach Copy) ☐ 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
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 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 not more than \$500.00. Your signature signifies that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

X

Date signed (mm/dd/yyyy)

_____/_____/_____

APPLICANT'S or AGENT'S PHONE NO.

()

AGENT'S RELATIONSHIP

STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY

9. Date Application Received:

10. Total percentage of property owned by
this applicant (in fee or in life use) _____ %

PROPERTY'S GROSS

ASMNT: \$ _____ APPLICANT'S GROSS ASMT: \$ _____ *

Subtract Exemptions for: .Blind - _____

Disabled - _____

Veteran's - _____

Local Options - _____

Add'l Vets - _____

* Based on % of
ownership11. Net Assessment (based on APPLICANT'S GROSS ASMT.
minus total exemptions) (MUST agree with the continuation sheet) \$ _____

14. Allowable Table Percentage: _____ %

15. Credit Maximum:

a. Line 13 or **13a X Line 14

\$ _____

\$ _____

b. Table Ceiling X Line 10

16. a. Lesser of Line 15a or 15b

\$ _____

b. Minimum Grant

\$ _____

17. CREDIT AMOUNT

Greater of 16a or 16b

\$ _____

12. Mill Rate:

13. Amount of Property Tax: or **13a. Amount of Frozen Tax: \$ _____

**NOTE: If local option 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 requirement

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 by the Assessor.

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF

Date signed (mm/dd/yyyy)

DISTRIBUTION: Original - Assessor Copy - Applicant Copy - Tax Collector Electronic submission to OPM