

TOWN OF WASHINGTON
APPLICATION FOR ELDERLY AND TOTALLY DISABLED HOMEOWNERS TAX RELIEF – LOCAL

FILE BIENNIALY
FILING PERIOD – FEB 1ST through MAY 15TH

NAME:	DOB:	SSN:
SPOUSE:	DOB:	SSN:
PROPERTY LOCATION:		
MAILING ADDRESS:		
1. QUALIFYING INCOME (<i>Income from all sources of each spouse</i>):		
A. GROSS INCOME (Wages, Interest, Dividends, Pensions, Etc.)	A. \$ _____	
B. NON-TAXABLE INTEREST (interest from tax exempt government bonds)	B. \$ _____	
C. SOCIAL SECURITY (SSA – 1099 Form)	C. \$ _____	
D. ANY OTHER INCOME NOT REFLECTED ABOVE	D. \$ _____	
		TOTAL = \$ _____
2. Have you resided at and paid taxes on this residence in Washington for 3 years prior to this application?		
		YES NO
3. Is this property, for which abatement is claimed, your legal domicile and occupied by you for more than 183 days each year?		
		YES NO
4. Are you receiving Tax Relief Benefits from the State of Connecticut at the present time?		
		YES NO
5. Do you share ownership of this property with anyone other than spouse?		
		YES NO
<i>If YES, name other owners and % of ownership:</i> _____		

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 \$500.00 or imprisonment for one year, or both. Your signature signifies that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AGENT	DATE	PHONE
STOP! DO NOT WRITE BELOW THIS LINE – FOR ASSESSOR'S USE ONLY		
<u>Max Income 2023GL</u>		
<i>Check one:</i> <input type="checkbox"/> Single - \$43,800 <input type="checkbox"/> Married - \$53,400 Percent Ownership: _____ %		
Applicant's Total Income: \$ _____		
<u>Total Qualified Town Benefit:</u> \$ _____		
ASSESSOR'S AFFIDAVIT: _____ Upon review of this claim, I believe the claimant to be entitled to the above abatement.		
_____ This claim is disallowed for the following reason: _____		
SIGNATURE OF ASSESSOR OR ASSESSOR'S STAFF		DATE