

**ASSESSOR'S OFFICE
TOWN OF ASHFORD
5 TOWN HALL ROAD, ASHFORD, CT 06278
Phone: 860-487-4403; Fax: 860-487-4432
Email: assessor@ashfordtownhall.org**

December 18, 2020

Dear Homeowner:

You are receiving this letter because the application period for the Elderly/Disabled Homeowner tax relief program begins February 1, 2021. You have either been enrolled in the program and need to reapply or have expressed interest in applying to the program. Enclosed are filing requirements, qualifying income information and an application.

As of 12/18/2020, when this is being written, there have been no changes in the program due to Covid-19.

Key points to remember in filling out the application:

- Complete all items numbered 1 to 8. Enter zero for any which do not apply to you. For example, if you have no nontaxable interest, enter "0" on line 7-b.
- Enter only whole dollar amounts.
- Be sure to sign and date the affidavit in item 8, along with providing your phone number.

Proof of all income received in the calendar year 2020:

- If you file a Federal Income Tax Return, attach a copy of the 2020 return to your application, along with a copy of SSA-1099 from Social Security.
- If you do not file a Federal Income Tax Return, send copies of ALL income statements for calendar year 2020, including Form 1099 from Social Security, wage and pension statements, statements from your bank(s) showing total interest earned, et cetera.

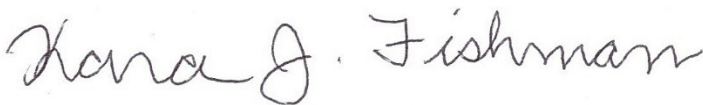
Filing Deadline

- The filing period is February 1, 2021 – May 15, 2021.
- Applications and proof of income can be mailed if they are received by April 15, 2021.
- Applications filed April 16, 2021 – May 15, 2021 need to be done in person by you or an authorized agent. **Call the assessor's office for further instructions if you are going to mail the application after April 15, 2021.**

- Incorrect, incomplete or illegible forms will be returned to you for correction. That will not relieve you from meeting the May 15, 2021 final deadline. If the office has not received your complete form by that date you will not receive the benefit on your July 2021 tax bills.
- The Connecticut Office of Policy and Management has a publication answering many questions about the Elderly/Disabled Homeowner program. It is available on the town's web site, <https://ashfordtownhall.org/document-category/assessors-office/>. Information is available under the Homeowners heading.

If you have any questions please call me at (860) 487-4403 or email assessor@ashfordtownhall.org. The office hours are Monday, Tuesday, Wednesdays and Fridays 8:30 am to 3:00 pm.

Sincerely,



Kara J. Fishman, CCMA II, MAI
Assessor

TOWN OF ASHFORD, CT

PROPERTY TAX RELIEF FOR THE ELDERLY AND TOTALLY DISABLED

Connecticut law provides for annual tax relief for certain homeowners. The following information applies to applications being *filed* for the 2020 Grand List. The affected tax bills are the real estate tax bill payable in July 2021 and January 2022.

To be eligible for the abatement:

- 1) You, or your spouse, must have been at least 65 years of age as of December 31, 2020; or you must be permanently and totally disabled (per Social Security or VA).
- 2) You must reside as the owner, or have life use, of the property as of October 1, 2020, and you must have lived in Connecticut for at least one year.
- 3) Your 2020 income cannot exceed \$45,800 if you are married or \$37,6000 if you are unmarried. Qualifying income is defined as taxable income for IRS purposes AND non-taxable income, with limited exemptions. The economic stimulus payments made due to Covid-19 are **not** included in taxable income.
- 4) You must file an application between February 1 and May 15 at least biennially and provide the assessor with a copy of your Federal Income Tax Return if you file one.
Proof of all 2020 income must be provided.

Credits are determined as a percentage of taxes; they are calculated by the Assessor and applied by the tax collector to an applicant's real property tax bill. To apply, complete the application and return it to the Assessor's office between February 1, 2021 and May 15, 2021. If you intend to mail the application after April 15, 2021, please call the Assessor's Office BEFORE mailing for additional requirements.

Additional details related to Covid-19 procedures may alter the application process. Further details will be provided if applicable.

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Income Guidelines to Qualify for the Homeowners Program are based on income from 2020 calendar year

If your Income was	Your Credit could be
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From	To	Maximum		Minimum	
		Married	Single	Married	Single
\$0	\$18,900	\$1,250	\$1,000	\$400	\$350
\$18,900	\$25,300	\$1,000	\$750	\$350	\$250
\$25,300	\$31,500	\$750	\$500	\$250	\$150
\$31,500	\$37,600	\$500	\$250	\$150	\$150
\$37,600	\$45,800	\$250	\$-0-	\$150	\$-0-

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 OR 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 UNION CHECK 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 REQUIRED CHECK 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.\$
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 (in fee or in life use) owned by this applicant %
PROPERTY'S GROSS ASMT:\$ APPLICANT'S GROSS ASMT:\$ * Subtract Exemptions for: .Blind - Disabled - Veteran's - Local Options - Add'l Vets -
11. 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 requirements - This claim is disallowed for the following reason: {Per Connecticut General Statutes Section 12-170c 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 given by the Assessor}

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF Date signed (mm/dd/yyyy)