



CITY OF NEW HAVEN  
 DEPARTMENT OF ASSESSMENT  
 165 Church Street  
 New Haven, CT 06510  
 (203) 946-4800



**SENIOR TAX RELIEF APPLICATION  
 70 AND OLDER**

FILING PERIOD : FEBRUARY 1st through MAY 15th

1. NAME (Last)	(First)	(Middle Initial)	YOUR BIRTH DATE (Mo , Day, Yr)	YOUR SOCIAL SECURITY NO.
2. SPOUSES NAME (Last)	(First)	(Middle Initial)	SPOUSES BIRTH DATE (Mo, Day, Yr)	SPOUSES SOCIAL SECURITY NO.
3. MAILING ADDRESS (No. and Street)		CITY OR TOWN (Don't Abbreviate)		STATE ZIP CODE
4. PROPERTY ADDRESS (No. and Street) <small>ONLY IF DIFFERENT FROM 3 ABOVE</small>			CITY OR TOWN STATE ZIP CODE	OTHER NAME ON PROPERTY
5. FILING STATUS : CHECK ONLY ONE : <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SURVIVING SPOUSE (AGE 62 TO 69) PROOF REQUIRED				
RESIDENT IN THE CITY OF NEW HAVEN FOR AT LEAST THE PRIOR 10 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		PRINCIPLE RESIDENCE FOR A LEAST 183 DAYS OF EACH YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SPOUSE IS A RESIDENT OF A HEALTH CARE OR A NURSING HOME FACILITY IN CT AND ON TITLE XIX <input type="checkbox"/> YES <u>PROOF REQUIRED</u>
6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? <input type="checkbox"/> YES (Attach Copy) <input type="checkbox"/> NO				
7. INCOME RECEIVED DURING LAST CALENDAR YEAR: A. GROSS 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 and net rental income. <span style="float:right">A. \$ _____</span> B. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds <span style="float:right">B. \$ _____</span> C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - Add Medicare premiums (Attach SSA 1099) <span style="float:right">C. \$ _____</span> D. ANY INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, Veteran's Disability Payments, and any other income not listed above. <span style="float:right">D. \$ _____</span> EXPLAIN OTHER: _____ E. TOTAL Add lines 7A through 7D <span style="float:right">E. \$ _____</span>				
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 New Haven Code of Ordinances. The property for which tax relief is claimed, is the permanent residence/domicile of the applicant. He/she is not receiving any other benefits in any other town or state. The penalty for making a false affidavit is the refund of all tax relief improperly taken, with interest at the rate applicable to unpaid taxes and a fine of not more than \$500.00 per false application submitted. Your signature signifies that this affidavit has been read and understood.			
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT X	Date signed (Mo, Day, Yr)	APPLICANT'S OR AGENT'S PHONE NO. (INCL. AREA CODE)	AGENT'S RELATIONSHIP	
IF THE PROPERTY TAX INCREASE IS GREATER THAN \$2,000 , I WOULD LIKE THE DIFFERENCE TO BE DEFERED, WHICH WOULD INCLUDE THE CITY PLACING A LIEN ON MY PROPERTY. <input type="checkbox"/> YES <input type="checkbox"/> NO				
I UNDERSTAND IF MY INCOME EXCEEDS \$65,280 AND IS LESS THAN \$97,920 ANY AMOUNT DEFERED WILL BE APPLIED IN THE FORM OF A LIEN. <input type="checkbox"/> YES <input type="checkbox"/> NO				
ASSESSOR'S AFFIDAVIT	<input type="checkbox"/> - I am satisfied that the above named applicant meets all the necessary statutory requirements <input type="checkbox"/> - This claim is disallowed for the following reason: _____ Please see the instructions at the Assessor's Office if you need to appeal this decision			
SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF			Date signed (Mo.,Day,Yr.)	