

Town of Winchester

ASSESSOR'S OFFICE
860-379-5461
Fax: 860-738-6597



338 Main Street
Winsted, CT 06098

LOCAL OPTION ELDERLY FREEZE ASSET DECLARATION YOU MUST PROVIDE VERIFICATION OF LIQUID ASSETS

Please identify below the current value of all liquid assets

RESOURCE	CURRENT VALUE/BAL	INSTITUTION/ACCOUNT NUMBER
Checking Account(s)	\$	
Savings Account(s)	\$	
Credit Union Account(s)	\$	
Stocks/Shares	\$	
Bonds	\$	
Certificate(s) of Deposit (CD)	\$	
Individual Retirement Account(s)* 401K(s) etc.	\$	
Residence other than primary (i.e., condo, vacation home, etc)	\$	
Motor Homes Motor Vehicles	\$	
Other (specify below)		
	\$	
TOTAL	\$	

*Individual retirement accounts are considered to be liquid assets if in the name of owner(s) who is at least 59-1/2 years old. **PRIMARY *RESIDENCE IS EXCLUDED FOR THIS PROGRAM – LIMIT IS \$125,000.**

* (must be located in the Town of Winchester)

The applicant or authorized agent deposes that the above statements are true and complete and claims tax relief under provisions of local option 188 of the Town of Winchester. The property, for which tax relief is claimed, is the permanent primary residence/domicile of the applicant. He/she is not receiving State Elderly tax benefits under section 12-129b, section 12-170d, in any other 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.

APPLICANT'S SIGNATURE

DATE