

Town of Winchester

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



338 Main Street
Winsted, CT 06098

M-35H Rev 03/07

GRAND LIST

LOCAL OPTION ELDERLY FREEZE PROGRAM FILING PERIOD FEB. 1 - MAY 15 BIENNIALLY

1. NAME (Last)	(First)	(Middle initial)	YOUR BIRTH DATE	YOUR SOCIAL SECURITY NO.
			/ /	- -
2. SPOUSE'S NAME (Last)	(First)	(Middle initial)	SPOUSE'S BIRTH DATE	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)	CITY OR TOWN	STATE	ZIP CODE	OTHER NAME ON PROPERTY
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5. FILING STATUS:
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 PROOF REQUIRED	NURSING HOME CHECK HERE: <input type="checkbox"/>	IF APPLICANT IS TOTALLY DISABLED CURRENT PROOF REQUIRED	TOTALLY DISABLED CHECK HERE: <input type="checkbox"/>
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6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? YES (Attach Copy) 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. 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 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. 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 provision of the Connecticut General Statutes. The property for which tax relief is claimed is the ONLY residence/domicile of the applicant. He/she is not receiving State Elderly tax benefits under section 12-129b, section 12-170c, 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. **THE SIGNATURE BELOW INDICATES THAT THIS AFFIDAVIT HAS BEEN READ AND UNDERSTOOD.**

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT	Date signed (Mo, Day, Yr)	APPLICANT'S / AGENT'S PHONE #	AGENT'S RELATIONSHIP
X			

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

9. Date Application Received: _____ Total percentage of property (in fee or in life use) owned by this applicant _____ %

PROPERTY'S GROSS ASMT: \$ _____	10. APPLICANT'S GROSS ASMT: \$ _____ *
	Subtract Exemptions for: Blind- _____
	Disabled- _____
	Veteran's- _____
	Local Options- _____
	Add'l Vets- _____

11. Net Assessment based on ownership (line 10) minus total exemptions (MUST agree to the continuation sheet) \$ _____

12. Mill Rate _____ 13. Amount of FROZEN Property Tax: \$ _____

14. 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: _____

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF	Date signed (Mo, Day, Yr)
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