

Town of Winchester

338 Main Street
Winchester, CT 06098



AGREEMENT FOR TAX DEFERRAL

GRAND LIST OF October 1, _____

In exchange for Tax Deferral Benefits authorized in the Tax Relief For the Elderly & 100% Disabled Ordinance of the Town of Winchester, I _____

I hereby agree to the following terms and conditions: _____ name

- 1) All deferred taxes shall be reimbursed to the Town of Winchester upon the death of the recipient or upon conveyance of the real property subject to such tax deferral.
- 2) This agreement shall be binding on my heirs, successors, administrators and assigns and shall be filed in the land records of the Town of Winchester.
- 3) A separate lien securing reimbursement of tax deferral benefits shall be filed in the land records of the Town of Winchester for each tax year subject to payment upon the event of my death or conveyance of my property.

SIGNATURE OF APPLICANT _____

STATE of CONNECTICUT

County of Litchfield

Subscribed before me this _____ day of _____

Signature of Assessor or other authorized
Agent of the Town of Winchester

TOWN OF WINCHESTER

APPLICATION FOR DEFERRAL TAX RELIEF FOR ELDERLY & 100% DISABLED HOMEOWNERS

Your Last Name	Your First name and Middle Initial	Your Birth date	Your social security no.
Your Spouse's First Name and Middle Initial		Spouse's Birth date	Spouse's Social Security no.

PRESENT HOME ADDRESS Property on which you are Applying for benefits)	(NO. STREET TOWN OR CITY	ZIP	TELEPHONE NUMBER
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1) QUALIFYING ANNUAL INCOME (All sources – combined income of Husband & Wife)	\$ _____
Adjusted Gross Income (Wages, interest, dividends, pension, etc.)	\$ _____
Social Security	\$ _____
Other	\$ _____
TOTAL	\$ _____

2) Have you resided at and paid taxes on this residence in Winchester for 3 years prior to this application?	Yes	No
3) Is this property for which exemption is claimed your legal domicile and occupied by you for more than 183 days of 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? If answer is "Yes", name other owners and percentage of ownership.	Yes	No

Applicants must complete an agreement with the Town detailing the conditions of approval under this program.
AFFIDAVIT (to be signed only in presence of designated officer)

The above named applicant, or authorized agent, deposes and says, under the penalty of perjury, that the above statements are true and complete.

Date _____ Signature of applicant _____

Signature of Tax Assessor or Staff _____

DO NOT WRITE BELOW THIS LINE – FOR TAX ASSESSOR ONLY

COMPUTATION OF TAX CREDIT BY TAX ASSESSOR

1. Amount of Real Property Tax - After State Benefit	\$ _____
2. Amount of benefit received under deferral (Multiply Line 1 x 25%)	_____
3. Total Tax Due After State & Local Benefit (Subtract line #2 from line #1)	_____

DO NOT WRITER BELOW THIS LINE-FOR TAX ASSESSOR ONLY

TAX ASSESSOR'S CERTIFICATION

I, duly sworn Tax Assessor for the Town of Winchester, have received and examined this application and find as checked below:
The claim of the applicant is substantiated and in order and I believe the claimant to be entitled to a deferral of \$ _____
The claim to be disallowed for the following reason: