

TOWN OF NEW HARTFORD - _____ Grand List

LOCAL APPLICATION ELDERLY AND TOTALLY DISABLED HOMEOWNERFILING PERIOD – ***FEBRUARY 1st through MAY 15th***

NAME (Last) (First) (Middle Initial)			Your Date of Birth (m, d, yr)		Your Social Security No.	
			/ /		- -	
SPOUSE'S NAME (Last) (First) (Middle Initial)			Spouse Date of Birth (m, d, yr)		Spouse Social Security No.	
			/ /		- -	
MAILING ADDRESS (No. and Street)			CITY OR TOWN (Don't Abbreviate)			STATE
						ZIP CODE
PROPERTY ADDRESS (No. and Street)		CITY OR TOWN	STATE	ZIP CODE	YEAR PROPERTY ACQUIRED	

FILING STATUS (Check One Only)
☐ MARRIED ☐ UNMARRIED ☐ CIVIL UNION ☐ SURVIVING SPOUSE (Age 50-65) Proof Required
DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? ☐ YES (attach copy) ☐ NO

CT QUALIFYING INCOME RECEIVED DURING LAST CALENDAR YEAR:

A. TAXABLE INCOME FOR LAST CALENDAR YEAR \$ _____

B. NON-TAXABLE INTEREST \$ _____

C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME \$ _____

D. ANY OTHER INCOME NOT REFLECTED IN THE ABOVE \$ _____

TOTAL INCOME \$ _____

I certify that the information provided by me is true and accurate. I understand that any false or inaccurate information will result in denial and/or revocation of this benefit and I will be liable to the Town of New Hartford for repayment of said benefits.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT	Date	Phone #	Agent's Relationship

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

Qualified for local credit: YES _____ NO _____ Reason disallowed: _____

Unique ID: _____ % Ownership: _____ Amount of local credit: \$ _____

Assessor Signature_____
Date