CITY OF DANBURY

LOCAL ELDERLY & TOTALLY DISABLED BENEFIT 2024 GRAND LIST

NAME Last_____ First_____ Mi____ Social Security No._____ _____

SPOUSE Last_____ First_____ Mi____ Social Security No._____ _____

DOB _____ **SPOUSE DOB** _____ **TOTALLY DISABLED** YES NO

PROPERTY LOCATION _____ **1 YEAR RESIDENCY** YES NO

MAILING ADDRESS _____

If different (explain) No. and Street City State Zip

Telephone No._____ **Marital Status:** Married Single

QUALIFYING INCOME (INCOME FROM ALL SOURCES FOR LAST CALENDAR YEAR):

GROSS INCOME - Examples: Wages, Bonuses, Commissions, Fees, Gratuities, Payment for Jury Duty (excluding travel allowance), Lottery winnings, Taxable portion of Annuities and Pensions (including Veteran's), Taxable portion of IRA's, Interest, Dividends, Net rent or proceeds from sales of property, etc. $_____

NON-TAXABLE INTEREST- Example: Interest from Tax Exempt Government Bonds $_____

FIFTY PERCENT SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - (50% of Gross Amount) $_____

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. $_____

TOTAL $_____

LIST ANY OTHER REAL PROPERTY OWNED BY APPLICANT : _____

TOTAL VALUE OF ALL OWNED RE - MAY NOT EXCEED 3X VALUE LAST REVALUATION (2022 $752,010)

RENT RECEIVED IF APPLICABLE _____

APPLICANT'S AFFIDAVIT - The Applicant herein claims a property tax exemption under provisions of the General Statutes, deposes that the above statements are true and complete and that he/she is not receiving a State exemption in accordance with Section 12-81g in any other town or city. The signature below indicates that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

X_____ **Date signed**_____

FOR ASSESSORS USE ONLY

Assessor's Lot No._____ **2022 Market Value**_____ **Under Max Assessment** Yes No

2x Median Valuation 2022 Revaluation $501,340

Benefit Granted_____

FEDERAL TAX RETURN PROVIDED YES NO **TRANSCRIPT REQUESTED** YES NO

ASSESSOR'S AFFIDAVIT

_____ I am satisfied that the above named applicant meets all the necessary statutory requirements

_____ This claim is pending for the following reason:_____

_____ This claim is disallowed for the following reason:_____

SIGNATURE OF ASSESSOR OR ASSESSOR'S STAFF_____ **Date**_____