

TOLLAND TAX RELIEF PROGRAM - 2023 Grand List

Local Tax Relief for Permanently Disabled and Senior Residents

PROGRAM APPLICATION DATES: FEBRUARY 1, 2024 through MAY 15, 2024

DATE REC'D BY ASSESSOR: _____ INITIAL APPLICATION or RE-APPLICATION

Please print and complete ALL sections. If you have questions, please call 860-871-3650. \$75,600 Income Max

ELIGIBLE APPLICANT:		Birthdate	SOCIAL SECURITY #
SPOUSE or CIVIL UNION PARTNER:		Birthdate	SOCIAL SECURITY #
PRINCIPAL RESIDENCE ADDRESS = must be occupied at least seven months of the year by an individual who qualifies for the program			
MAILING ADDRESS, if different than above			
PHONE NUMBER:	CELL NUMBER:	EMAIL:	

**HOUSEHOLD INCOME:
2023 INCOME FROM ALL HOUSEHOLD MEMBERS CANNOT EXCEED \$75,600**

Household income includes, but is not limited to:

***All gross income** or payments received by or paid on behalf of a member of the household, earned and unearned income, alimony or child support, retirement or disability benefits regardless of source, worker's compensation benefits, unemployment benefits, interest on bank accounts, interest from stocks, bonds or other investments, gains on sales of investments or property of any type, distributions from Retirements Savings Accounts such as a 401(k) of Individual Retirement Account, payouts to or on behalf of a household member by a trust and cumulative gifts exceeding \$10,000 in any calendar year.*

FEDERAL TAX RETURN:

Did you and others in your household file a Federal Tax Return for the year 2023? YES** NO

****In order for this application to be considered COMPLETE, a Federal Tax Return, or other income documentation is required of all those residing with Applicant. Attach proof of all income sources including social security (see above list for reference).**

INCOME RECEIVED DURING 2023:			
	APPLICANT & SPOUSE	1.) Other Household Members	2.) Other Household Members
A. Taxable Income:			
B. Non-Taxable Income:			
C. Social Security:			
D. Any Other Income:			
E. Total: (\$75,600 max.)			

OTHER RESIDENTS:

Check Here if you attest that there are NO OTHER RESIDENTS

Name	Relationship	Birthdate	Social Security Number

STATE FUNDED TAX RELIEF PROGRAMS:

Have you, or others in your household, applied or reapplied for all State funded tax relief benefit programs applicable to the property and for which you may be eligible?

- 1. Homeowner Aid for the Elderly and Disabled YES NO Not Eligible
- 2. Property Tax Exemptions for Blind or Totally Disabled YES NO Not Eligible
- 3. Property Tax Exemptions for Veterans YES NO Not Eligible
- 4. Property Tax Exemptions Low Income Veterans YES NO Not Eligible

DEEDED LIFE USE AND OWNERSHIP:

Do you have a deeded **Life Use** which requires payment of taxes YES or NO
If yes, date of filing for Life Use: _____

Percent of ownership of residence _____%
If less than 100%, list all other owners and their addresses:
Other owners:

HOSPITALIZATIONS:

Have you been in a hospital or other institutions for purposes of treatment or rehabilitation which exceeded seven months in 2023? YES or NO

Is your spouse or civil union partner, who may be deemed the eligible applicant, a resident of a Healthcare or Nursing Home Facility? YES* or NO **If yes, attach proof*

FILING STATUS:

If birthdate is **BEFORE** 12-31-57: Married Civil Union Unmarried
If birthdate is **AFTER** 12-31-57: Permanently Disabled (attach proof)
 Surviving Spouse or Civil Union Partner (age 60 to 64)

Have you been a Tolland taxpayer since July 1, 2023 or longer? YES or NO

IMPORTANT:

In accordance with Ordinance 60 (Tolland Tax Relief Program) the cumulative value of assets from ALL household members may not exceed ten times the annual income limit for program eligibility to qualify for this program.

Grand List 2023 10x limit = \$756,000

Countable assets include but are not limited to: business and business assets; bank accounts; certificates of deposit; stocks; bonds; revocable trusts established by the individual or his or her spouse or civil union partner; trusts for which the individual, his or her spouse or civil union partner is a beneficiary and from which distribution is available to meet household expenses; Retirement Savings Accounts; tax exempt investments available to meet living expenses; real property other than the principle residence occupied by the individual and his or her spouse or civil union partner; excess acreage for the principle residence occupied by the individual and his or her spouse or civil union partner; vehicles other than the primary vehicle; lump sums; and life insurance policies with a cash value.

DO THE TOTAL HOUSEHOLD ASSETS EXCEED \$756,000 YES or NO

Be sure to sign the Certification and Authorization on page 3 before returning this application

CERTIFICATION AND AUTHORIZATION:

I affirm and certify that the information on this application or re-application is true, accurate and complete to the best of my ability.

I further authorize the Town of Tolland to verify any information provided in this application or re-application. I authorize any official from any organization, agency or entity to furnish the Town of Tolland or any persons duly authorized by them whatever information or documentation is requested to verify the information provided in the application or re-application. A photocopy or facsimile of this authorization is to be regarded with the same legal significance as the original.

I understand that I must notify the Tax Assessor’s office in writing of any changes in circumstance that may affect eligibility or benefits under this program within thirty days of such change in circumstance.

I understand that all information on this application and submissions and records related to determining eligibility is confidential, except for referrals to law enforcement or to allow the Town of Tolland to collect any debt due from the taxpayer.

I understand that providing false, fraudulent, or misleading information will result in retroactive loss of program eligibility to the date of the misrepresentation or fraud or the first date of the benefit, whichever is later, any unpaid taxes resulting from such termination shall be due within 30 days of the notice of the underpaid amount, and if not timely paid, will result in establishment of a lien on the property for the unpaid amount at an interest rate of 6% per annum. I further understand I may be subject to other penalties, including criminal penalties for provision of false, fraudulent or misleading information to obtain tax relief for which I am not otherwise entitled.

I have been given a copy of the Ordinance 60; Article VI, 136-21 from the Town of Tolland Book, which details the full program requirements, eligibility, benefits, error correction, and review process.

Signature of Applicant or Authorized Agent

Date Signed

Agent’s Relationship _____

Signer’s Telephone # _____

Date Received: _____

PLEASE RETURN THE COMPLETED FORM TO:



Town of Tolland Assessor’s Office

21 Tolland Green • Tolland, Connecticut 06084 PH: 860-871-3650 FX: 860-871-3663
Monday – Wednesday 8:00 – 4:30, Thursday 8:00 -7:30, Closed Friday