

**REDDING, CONNECTICUT
APPLICATION FOR TAX RELIEF OF ELDERLY HOMOWNERS**

Under ordinance approved at Town Meeting August 28, 1974

HOMEOWNERS _____ BIRTH DATE _____

SPOUSE'S NAME _____ BIRTH DATE _____

ADDRESS _____

(Property for which you are applying for benefits)

- (circle one)
- 1) Have you resided at and paid real estate taxes on a residence in Redding for a period a three (3) years prior to this application for tax relief? YES NO
- 2) Is this property for which the benefit is being claimed your legal domicile and do you occupy the residence more than 183 days of each year? YES NO
- 3) Do you share ownership of this property with anyone other than your spouse YES NO
- If Yes:**
- a. Names of other owners _____
- b. Your share or percentage of ownership _____ %
- 4) Have you applied for tax relief under any State Statute for which you are eligible? **If answered NO see below **** YES NO
- 5) Have you been granted tax relief under Section 74-55 (circuit Breaker)? YES NO

APPLICATIONS MUST BE MADE BETWEEN FEBRUARY 1 - MAY 15 (DEADLINE)

*****PLEASE INCLUDE COPY OF DRIVERS LICENSE OR OTHER PHOTO ID WITH DATE OF BIRTH*****

**Application for Tax Relief programs administered by the State of Connecticut has not been made for one of the following reasons:

- _____ I have reviewed the income guidelines with a member of the Assessor's Office Staff and I exceed the qualifying limits.
- _____ I did not reach 65 years of age by December 31st.
- _____ I am not the legal owner as of October 1st.

Please email License and Application to: Frichmond@townofreddingct.org or jford@townofreddingct.org

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

Applicant or Authorized Agent Telephone number Date

Assessor's Office Staff Date

_____ Approved _____ Denied
