



Town of Wilton
Application for Tax Relief for the Elderly and Disabled Homeowner

2021
Grand List

Filing Period: February 1st through May 15th

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SS #: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SS #: \_\_\_\_\_

Property Address: \_\_\_\_\_ List #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: (If different from above) \_\_\_\_\_

- 1. Applicant is a resident of the Town of Wilton at time of application: YES NO
2. Applicant has been a taxpayer of the Town for one (1) year immediately preceding the receipt of tax relief under this Article: YES NO
3. Applicant occupied property as PRINCIPAL RESIDENCE for more than 183 days during the twelve months immediately prior to the filing of this application: YES NO
4. Applicant's percentage of ownership: \_\_\_\_\_%
5. Applicant is 65 years of age or older as of December 31, 2021: YES NO
OR applicant is 60 years of age or over as of 12-31-21 and is the surviving spouse of a taxpayer who qualified for tax relief at the time of his/her death: YES NO
OR applicant is under 65 years of age and is permanently totally disabled under SS, Railroad Retirement Act, or any Federal, State or Local Government retirement program with requirements similar to Social Security. If so, attach a copy of the Total Disability Certificate: YES NO
6. Applicant or his or her spouse has paid all taxes due to the Town of Wilton in the fiscal year immediately preceding the fiscal year for which the credit is applied: YES NO
7. Applicant has applied for tax relief under State of Connecticut Statutes: YES NO
8. Applicant receives tax relief as a homeowner in another state or in another Connecticut municipality: YES NO
9. Attached a full copy of the signed IRS Form 1040 and Social Security 1099 Statement for 2021. If no IRS filing is necessary, copies of documentation from all income sources including 2021 Social Security 1099 Statement are required. YES NO

ELECTION OF RELIEF PROGRAM

Choose one of the following program options

Tax Credit [ ] Tax Deferral [ ] Credit & Deferral [ ]



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QUALIFYING INCOME

- A. GROSS INCOME - Includes: Federal Gross Income or its equivalent. Such as, but not limited to wages, lottery winnings, pensions, IRA withdrawals, interest, dividends and net rental income (excluding depreciation). A. \$
B. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds. B. \$
C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - Add Medicare premiums (Attach SSA 1099). C. \$
D. ANY OTHER INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Social Security Income, State of Connecticut public assistance payments, Veteran's Disability Pensions, and any other income not listed above. D. \$
Description of 'Other Income':
E. TOTAL - Add lines A through D E. \$

SWORN AFFIDAVIT

(To be signed only in the presence of the Assessor or member of the Assessor's staff, or Assessor's designee.) The above named applicant, or authorized agent, deposes and says that the above statements are true and complete and claims tax relief under provisions of Chapter 26A of the Town Code of the Town of Wilton. The preceding applicant or authorized agent is also aware that the penalty for making a false affidavit is \$500 fine or imprisonment for one year or both.

Signature of Applicant or Authorized Agent Date Signed Phone Number Agents Relationship

ASSESSOR'S AFFIDAVIT

Approved Town Credit Amount
Not Approved Reason Town Deferral %

Signature of Assessor or Member of Assessor's Staff Date Signed