STATE OF CONNECTICUT - OFFICE OF POLICY AND MANAGEMENT

M-35R rev. 06/07 RENTER

PLEASE PRINT OR TYPE

APPLICATION FOR RENTER'S

REBATE OF ELDERLY RENTERS

(rental year)

SEE INSTRUCTIONS AT ASSESSOR'S

	AL SERVICES OFFICE	E AND	TOTALLY D	ISABI	LED PERSONS	FILING PER	HOD APF	R 1 - OCT 1	
1. NAME (Last)		(First)	(Middle Initial)	YOUR	BIRTH DATE (MO. Day, Yr.)	YOUR SO	OCIAL SECURI	TY NO.	
		A			1				
					and the state of t	SPOLISE	S SOCIAL SECU	(IRITY NO	
2. SPOUSE'S NAM	IE (Last)	(First)	(Middle Initial)	SPOU	SE'S BIRTH DATE (Mo. Day. Yr.) SFOUSE	3 SOCIAL SECT	JATT NO.	
12					1 1				
3. PRESENT MAILI	NG ADDRESS (No. and	Street)	CITY	OR TOV	VN (Don't Abbreviate)	S	STATE	ZIP CODE	
		TO THE TAXABLE PARTY.	CITY	OD TO	YAT	C	TATE	ZIP CODE	
4. RENTAL ADDRE	SS IN CT IF DIFFEREN	IT THAN ABOVE	E CITY	OR TO	WIN	5	IAIL	ZII CODL	
5. FILING STATUS:									
CHECK ONLY O	NE: MARRIED	☐ UNM	ARRIED [SURV	VIVING SPOUSE (AGE 5	0 TO 65) PRO	OF REQUIRE	D	
IF SPOUSE IS A R	ESIDENT OF A HEAL	TH CARE			IF APPLICANT IS TO	OTALLY			
OR A NURSING HOME FACILITY IN CT AND DISABLED CURRENT PROOF REQUIRED:									
ON TITLE XIX PROOF REQUIRED CHECK HERE: CHECK HERE: CHECK HERE:									
- AMILATA OF DEN	AT AND HERE TO DO	NOU DANG (II.	-1 1 1 777:6					%	
	NT AND UTILITIES DO			e conside	red to be one (1) remer)			70	
	YOU FILE A FEDERA			EAD2	□ - YES (Attac	ch Cony)	□ -NO		
								ANTT	
		TENTS PLEA	ASE NOTE: Y	ou may	y receive LESS than	the IENI.	ATIVE GR	CANTON	
Line 20 belo	W. NT IN CONNECTICU	TT					Starting Mo. Yr.	Ending Mo. Yr.	
			_		THE ANSWER TO (10 ITER DATES YOU RE) 15 NO,	Starting 1910. 11.	Enaing Mo. 11.	
	IRE CALENDAR YE.			EN	TER DATES TOURE	NIED.			
	EIVED DURING LAS			• 1000		1 14 1 4 .			
A. GROSS INCOME - Includes: Federal Adjusted Gross income or its equivalent. Also includes, but is not limited to,									
wages, lottery winnings, taxable pensions, IRA's, interest, dividends and net rental income. 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 INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income,									
Veteran's Pensions, Veteran's Disability Payments, and any other income not listed above. D. \$									
	JRCE OF INCOME:				L Add lines 12A thro				
APPLICANT'S/	The applicant or authorize	d agent deposes that which tax relief is cl	the above statements	s are true a ent residen	nd complete and claims tax re	lief under provisi Ie/she is not recei	ons of the Conn- ving State Elder	ly tax benefits	
AUTHORIZED AGENT'S	THORIZED Statutes. The property for which tax relief is claimed, is the permanent residence/domicile of the applicant. He/she is not receiving State Elderly tax benefits under section 12-129b, section 12-170aa, in any town. I grant permission to the Department of Social Services to release to the Office of Policy and								
AFFIDAVIT	Management information necessary to help determine my eligibility. The penalty for making a false affidavit is the refund of all grants improperly taken								
	CANT OR AUTHORIZED		e signed (Mo. Day. Yr.)		PLICANT'S OR AGENT'S PH	HONE NO.	AGENT'S RELA	TIONSHIP	
X	CAN'T OR AG THORIZED A			()				
	STOP! DO N	NOT WRITE BEI	OW THIS LINE -	FOR AS	SESSOR'S USE ONLY				
13. Amount of rent a	and utilities paid from Li	ine 7 \$		7	₹.35		\$		
14. CREDIT COMPU	JTATION: QUALIFYIN	IG INCOME							
☐ FULLYEA	.R-\$	x.05 OR 🗖 P.	ART YEAR - \$	10	X (No. of Mont	ths / 12) x.05	= \$	AL AND DESCRIPTION OF THE PARTY	
15. Subtract Line 1	4 from Line 13. If zero	o or negative am	nount, there is no	benefit.	Enter -0- on Line 20.		\$		
16. Indicate table u	sed:		Unmarried		☐ Ma	rried			
17. MAXIMUM CRE									
	amount per table OR B.	☐ PART YEAR	e: amount per table	X (No. o	of Months/12) =		\$		
	om Line 15 or Line 17,						-\$		
19. Minimum per table									
20. Enter GREATER of Line 18 or 19 TENTATIVE GRANT (Subject to review by Off. of Policy and Management)									
20. Elici GICAI					eets all the necessary				
ASSESSOR'S						Statutory 10	quironionis		
AFFIDAVIT /	This claim i	is disallowed for	or the following	g reason	1.			<u>-10,000</u>	
	Lagrage Co. Co. L.Co.	men or toor	ממ א דיי מות סממ		*	Doto -i1	(Ma Day V	=)	
SIGNATURE OF	ASSESSOR OR MEM	IBER OF ASSE	350K'S STAFF			Date signed	(Mo. Day.Yi	١.,	
Diampini miori e		1: n1	the imptometi	one of the	Aggagar's or local Social	Services Office	for anneal inf	ormation	