

Town of Simsbury

933 HOPMEADOW STREET

P.O. BOX 495

SIMSBURY, CONNECTICUT 06070

Social Services Department

MEMORANDUM

Re: Renter's Rebate Program

To qualify for this program, you or your spouse:

1. You must be over 65 or totally disabled, as of December 31, 2014.
2. Have gross income under \$34,600 for a single person and under \$42,200 for a married couple. **All sources of income are counted.**
3. Must reside in the apartment for which the benefit is claimed and must have lived in Connecticut for one year during your lifetime.

In order to complete an application, you must provide:

- * A completed **Summary Sheet - attached**.
- * **Proof of your income**. If you receive Social Security, you must submit form **SSA-1099**. You will need proof of any other income, including interest earned. If you filed an Income Tax Return for 2014, please submit a copy of the first page. **Copies of these forms must be attached to applications, so please bring copies with you.**
- * **All Electric bills you paid in 2014.**
- * **All Oil/Gas bills you paid in 2014, if applicable.**
- * **Canceled Rent Checks or receipts for 2014.**
- * **Copy of Fuel Assistance award letter for 2014, if available.**

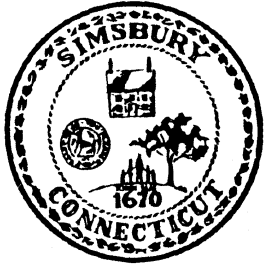
If you have any questions or schedule an appointment, please contact the Social Services Office at 658-3283.

RRP-OMVC

Telephone (860) 658-3283
Facsimile (860) 408-7046

mlecours-beck@simsbury-ct.gov
www.simsbury-ct.gov

Office: Eno Memorial Hall
An Equal Opportunity Employer



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RENTER'S REBATE PROGRAM

Summary Information for 2014

NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

SPOUSE: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE #: _____

INCOME

Social Security: \$ _____

Interest: \$ _____

Other: \$ _____

EXPENSES

	<u>Rent Paid</u>	<u>Electric/Gas/Oil Bills Paid</u>
January	_____	_____
February	_____	_____
March	_____	_____
April	_____	_____
May	_____	_____
June	_____	_____
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____
Total	_____	_____

Bring this completed sheet with you, along with all documentation, when you apply for the Renter's Tax Relief Program. For information, call the Social Services Office at 658-3283.