PLEASE PRINT LEGIBLY

MUNICIPALITY / QUASI-MUNICIPALITY NAME: _____

APPLICATION FOR MUNICIPAL/QUASI-MUNICIPAL TAX RELIEF DEFERRAL PROGRAM
UNDER EXECUTIVE ORDER 7S AND EXECUTIVE ORDER 7W
For deferral of real estate, motor vehicle, and personal property taxes and/or municipal electric, water and sewer, or C-PACE Benefit Assessment charges due between and including April 1, 2020 and July 1, 2020.

1. PROPERTY OWNER NAME LAST FIRST MIDDLE INITIAL	DATE OF BIRTH

2. IF YOU ARE NOT THE OWNER, YOUR AUTHORITY TO MAKE THIS APPLICATION ON THE OWNER'S BEHALF (E.G., BUSINESS'S MANAGER, INDIVIDUAL POWER-OF-ATTORNEY, ETC.)

3. MAILING ADDRESS NUMBER AND STREET MUNICIPALITY STATE ZIP CODE

4. DAYTIME TELEPHONE WITH AREA CODE	EMAIL ADDRESS

5. PROPERTY FOR WHICH DEFERRAL IS REQUESTED

ADDRESS(ES) OF REAL ESTATE: _____

YEAR, MAKE, MODEL OF VEHICLE(S): _____

TYPE(S) OF PERSONAL PROPERTY: _____

DEFERRAL PROGRAM: ☐ I request that the applicable real estate, motor vehicle, and personal property taxes and any municipal electric, water or sewer charges or assessments on the property identified above, which would otherwise be due between and including April 1, 2020 and July 1, 2020, be deferred until three (3) months after the original due date of each without interest or penalty. Deferral, for purposes of this program, means that the tax or charge can be paid up to three (3) months after its due date without interest or penalty.

CHECK PROPER ELIGIBILITY:

☐ **Resident**: My household has suffered a reduction in income of at least 20% due to COVID-19.

☐ Since April 1, 2020, I either (1) have been furloughed without pay; (2) had my hours significantly reduced; or (3) am unemployed. This has resulted in at least a 20% reduction in my household income.

☐ Proof of Residency is attached (i.e. a copy of driver's license, utility bill, or other proof of residency)

☐ **Business / Non-Profit:** Revenue is expected to decrease at least 30% in the April to June 2020 period versus the April to June 2019 period at this property.

☐ Proof of Ownership is attached (i.e. copy of my business license, utility bill, Secretary of State listing, or other proof of ownership)

LANDLORDS - <u>Fill Out this Section only if you are the landlord of the real estate listed above</u>.

☐ **<u>Deferral Program.</u>** If the municipality has adopted the Deferral Program, I request that the applicable real estate taxes and any municipal electric, water or sewer charges or assessments on the property identified above, which would otherwise be due between and including April 1, 2020 and July 1, 2020, be deferred until three (3) months after the original due date of each without interest or penalty.

☐ I have attached documentation proving that the property has or will suffer a significant revenue decline, OR

☐ I have attached documentation proving that commensurate forbearance was offered to the tenants or lessees.

"Commensurate forbearance, for purposes of this program, means either a) a deferral of 25% of rent (approximating the property tax portion of rent) for the three (3) months after its due date; b) a deferral of one month's rent to be paid over the three (3) month period, or c) forbearance substantially similar to (a) or (b) as determined by the tax collector. Documentation includes, but is not limited to, proof that some tenants or lessees have received forbearance or that the landlord has actively communicated with tenants or lessees to offer forbearance.

CERTIFICATION:

(A) I am aware of the amount and/or basis of the taxes, charges, and assessments that I am requesting to be deferred and I hereby irrevocably waive all rights to appeal or dispute them on any basis. I understand that the municipality's lien, priority, and enforcement rights will remain unaffected during and after this period.

(B) I understand that this request, if approved, will not defer any taxes, charges, fees, or assessments I may owe the municipality which came due before April 1, 2020 or after July 1, 2020 or the interest and penalties applicable to them, or any other debt I may owe the municipality at any time.

(C) I authorize the municipality and its agents to verify the statements above, and any certification information I have provided, from its records and other third parties. I consent to those third parties releasing relevant information to the municipality and its agents for this purpose upon the municipality's request and that a copy of this application shall be adequate evidence of my consent. I hold the municipality harmless in their collection of this data.

(D) I understand that I must pay all taxes, charges, and assessments deferred in full (i) within three (3) months after the original due date or (ii) immediately, if the municipality determines that I am not eligible for deferment. I understand that if I fail to make payments as noted in this section, all interest, fees, and penalties will be applied to all unpaid portions retroactive to the original due date.

(E) My financial information is being provided in confidence and I request that the information contained in this application not be disclosed to the extent allowed by state law. I understand that the Freedom of Information Act Section 1-210(b)(5)(B) allows, but does not require, a public agency to withhold records that constitute commercial or financial information given in confidence, not required by the Connecticut General Statutes.

APPLICANT'S ATTESTATION	**Under penalties of perjury, I hereby swear or affirm that that I have read and understood all of the statements above, that they are true and accurate, and that I have attached any and all additional information necessary to process my application herein. I attest that this application, and all attachments, are genuine and unaltered.**
SIGNATURE OF APPLICANT **X**	**Date signed (Mo., Day,Yr.)** _____/_____/_____

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FOR TAX COLLECTOR'S USE ONLY

DEFERRAL FOR:	☐ **Real Estate Tax** ☐ **Motor Vehicle Tax** ☐ **Supp. Motor Vehicle Tax** ☐ **Personal Property Tax** ☐ **Water Charges** ☐ **Sewer Usage Charges** ☐ **Sewer Assessment Charges** ☐ **Electric Charge** ☐ **C-PACE**
TAX COLLECTOR'S DETERMINATION	__ I am satisfied that the applicant meets all the necessary statutory requirements __ This claim is denied for the following reason(s):
SIGNATURE OF TAX COLLECTOR OR MEMBER OF TAX COLLECTOR'S STAFF **X**	**Date signed (Mo.,Day,Yr.)** _____/_____/_____