

**TOWN OF SIMSBURY  
SIMSBURY CT 06070**

**\_\_\_\_\_ GRAND LIST**

**LOCAL HOMEOWNERS TAX CREDIT**

|   |         |  |  |  |
|---|---------|--|--|--|
| 1. NAME (LAST)  | (FIRST) | (MI)   | (BIRTHDATE)  | (SOCIAL SECURITY #)  |
| 2. SPOUSE (LAST)  | (FIRST) | (MI)   | (BIRTHDATE)  | (SOCIAL SECURITY #)  |
| 3. MAILING ADDRESS (NO. & STREET)   |         | (TOWN)   | (STATE)  | (ZIP)  |
| 4. PROPERTY OWNED<br>(Minimum Requirement: July 1st prior to October 1st Assessment Date) |         |  |  | MONTH/DAY/YEAR   |
| 5. APPLICANT IS CURRENTLY:  |         | HOMEOWNER <input style="width:50px;" type="text"/> | SURVIVING SPOUSE<br>(AGE 60 TO 65)                 | HOMEOWNER <input style="width:50px;" type="text"/><br>(TOTAL DISABILITY) |
| 6. FILING STATUS:   |         | MARRIED <input style="width:50px;" type="text"/>   | UNMARRIED <input style="width:50px;" type="text"/> |  |
| 7. DID YOU FILE A FEDERAL INCOME TAX RETURN FOR 20____?                                   |         |  | YES <input style="width:50px;" type="text"/>       | NO <input style="width:50px;" type="text"/>                              |
| 8. INCOME RECEIVED DURING THE 20____ CALENDAR YEAR:                                       |         |  |  |  |

A. GROSS INCOME - INCLUDES: FEDERAL GROSS INCOME OR ITS EQUIVALENT.

SUCH AS, BUT NOT LIMITED TO: WAGES, LOTTERY WINNINGS, PENSION,  
IRA WITHDRAWALS, INTEREST, DIVIDENDS AND NET RENTAL INCOME (EXCLUDING  
DEPRECIATION)!

**A. \$** \_\_\_\_\_

B. NON-TAXABLE INTEREST - EXAMPLE: INTEREST FROM TAX EXEMPT 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: SUPPLEMENTAL  
SECURITY INCOME; PUBLIC ASSISTANCE PAYMENTS; VETERAN'S PENSIONS  
AND DISABILITY PAYMENTS; ETC. OTHER INCOME (SPECIFY): \_\_\_\_\_

**D. \$** \_\_\_\_\_

E. TOTAL LINES 8A THROUGH 8D

**E. \$** \_\_\_\_\_

9. APPLICANT'S OR AUTHORIZED AGENT'S AFFIDAVIT:

The applicant or authorized agent deposes that the above statements are true and complete and claims tax relief under provisions of the Connecticut General Statutes and the approved Simsbury Local Tax Credit. The applicant or authorized agent fully understands that the penalty for making false affidavit is the refund of all tax credits provided no later than 30 days after notification by the town. The signature below indicates that this affidavit has been read and understood.

**SIGNATURE OF APPLICANT OR AUTHORIZED AGENT**

**DATE**

**TELEPHONE NUMBER**

**DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY**

|  |       |
|--|-------|
| 10. TOTAL % OF PROPERTY OWNED BY APPLICANT                       | %     |
| 11. NET ASSESSMENT BASED ON OWNERSHIP                            | \$    |
| 12. MILL RATE  | _____ |
| 13. AMOUNT OF PROPERTY TAX                                       | \$    |
| 14. AMOUNT OF HOMEOWNERS CREDIT (STATE)                          | \$    |
| 15. AMOUNT OF HOMEOWNERS CREDIT (LOCAL)                          | \$    |
| 16. TOTAL OF HOMEOWNERS CREDIT (STATE AND LOCAL)                 | \$    |
| 17. TOTAL TAX AFTER STATE AND LOCAL HOMEOWNERS CREDIT(S) APPLIED | \$    |

18. ASSESSOR'S AFFIDAVIT

I AM SATISFIED THAT THE ABOVE NAMED APPLICANT MEETS  
ALL THE NECESSARY REQUIREMENTS.

THE CLAIM IS DISALLOWED FOR THE FOLLOWING REASON:

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF

DATE SIGNED