

# Town of Simsbury Senior or Disabled Homeowner Sewer Use Relief Program Application

Name \_\_\_\_\_

Address \_\_\_\_\_

1. Have you turned 65 years old by December 31, 2023? Yes \_\_\_\_ No \_\_\_\_
2. Are you considered 100% Disabled? Yes \_\_\_\_ No \_\_\_\_
3. Have you been accepted to the Property Tax Relief Program with the Town of Simsbury through the Assessor's Office? Yes \_\_\_\_ No \_\_\_\_
4. Have you applied for any other tax relief programs with the Town of Simsbury? Yes \_\_\_\_ No \_\_\_\_
5. Prior to filing out the application, have you resided in Simsbury and paid sewer fees for at least one year? Yes \_\_\_\_ No \_\_\_\_
6. Is this property your legal domicile and will it be for the year in which you are claiming benefits? Yes \_\_\_\_ No \_\_\_\_
7. Do you own property in any other jurisdiction? Yes \_\_\_\_ No \_\_\_\_  
If "Yes", name of jurisdiction: \_\_\_\_\_
8. Are you receiving tax benefits or participate in any homestead program in any other jurisdiction? Yes \_\_\_\_ No \_\_\_\_  
If "Yes", name of jurisdiction: \_\_\_\_\_
9. Is the property held in a trust? Yes \_\_\_\_ No \_\_\_\_  
If "Yes", who is responsible for the sewer use fees? Trust \_\_\_\_ Owner \_\_\_\_
10. Does anyone other than a co-owner or spouse reside at the property? Yes \_\_\_\_ No \_\_\_\_  
If "Yes", name: \_\_\_\_\_
11. Do you share ownership with anyone other than your spouse? Yes \_\_\_\_ No \_\_\_\_  
If "Yes", name of co-owner: \_\_\_\_\_
12. Is this property a multi-family dwelling? Yes \_\_\_\_ No \_\_\_\_  
If "Yes", how many units are on the property? \_\_\_\_\_

**The applicant or authorized agent deposes that the above statements are true and complete and claims sewer use relief under provisions of the Connecticut General Statutes. The property for which sewer use relief is claimed, is the permanent residence/domicile of the applicant. He/she is not receiving sewer use benefits in any other jurisdiction. The penalty for making a false affidavit is the refund of all credits improperly taken and a fine of \$500.00 or imprisonment for one year, or both. Your signature signifies that this affidavit has been read and understood.**

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

# Town of Simsbury Senior or Disabled Homeowner Sewer Use Relief Program Application

The Town of Simsbury and its employees cannot determine which program fits the specific needs of each applicant. It is recommended that applicants discuss their individual situations with their attorney and/or financial advisor.

This program is a Sewer Use credit. The credit is a base credit amount depending on your income level and marital status for the regular sewer use levied on the applicant's residence for the applicable billing year. All credit must be approved by the Simsbury Water Pollution Control Authority (WPCA). **This credit does not require reimbursement to the Town of Simsbury by the applicant.**

**To be eligible, residents must meet the requirements of the Qualifying Income For Tax Relief Program for the current program year.**

**The sewer use credit ranges from 0% to 50% of the bill. Credits vary by income.**

**Applications will be accepted at the Water Pollution Control's office between February 1, 2024 through May 5, 2024. Applicants must re-apply every two (2) years.**

**Applicants must be approved for tax relief by the Assessor's Office to be eligible for Sewer Use fee relief.**

**Please return applications to the Water Pollution Control Authority office at 36 Drake Hill Road, Simsbury, or email to [apiazza@simsbury-ct.gov](mailto:apiazza@simsbury-ct.gov) and [jcampbell@simsbury-ct.gov](mailto:jcampbell@simsbury-ct.gov). Any questions on this form please call 860-658-3258**

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## DO NOT WRITE BELOW THIS LINE - FOR WPCA USE ONLY

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1. NET INCOME (from Assessor's Office)	\$ _____
2. SEWER USE BILL AMOUNT	\$ _____
3. AMOUNT OF HOMEOWNERS SEWER USE CREDIT	\$ _____
4. TOTAL SEWER USE BILL AFTER CREDIT(S) APPLIED	\$ _____

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### WPCA 'S AFFIDAVIT

APPLICANT MEETS ALL THE NECESSARY REQUIREMENTS

SIGNATURE OF WPCA'S STAFF

Date Signed

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WPCA Action:      Approved \_\_\_\_\_      Denied \_\_\_\_\_      Date: \_\_\_\_\_