



TOWN OF WOODBURY APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNERS

GRAND LIST _____ ACCT # _____
1. Return this set intact to the Assessor's Office. Do not separate.
2. Filing period: February 1st through May 15th

NAME: _____ DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # _____
SPOUSES NAME: _____ DATE OF BIRTH: ____/____/____ SOCIAL SECURITY # _____

MAILING ADDRESS: _____ PROPERTY ADDRESS: _____
FILING STATUS: _____ MARRIED _____ UNMARRIED _____ SURVIVING SPOUSE (AGE 60 TO 65)

TOTALLY DISABLED: _____ IF APPLICANT IS TOTALLY DISABLED, CURRENT PROOF IS REQUIRED
ARE YOU A REGISTERED VOTER IN WOODBURY? _____ YES _____ NO CT DRIVERS LICENSE # _____ EXPIRES: _____

DID YOU OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? _____ YES (attach copy) _____ NO

INCOME RECEIVED DURING LAST CALENDAR YEAR:
A. TAXABLE INCOME _____
B. NON-TAXABLE INTEREST _____
C. SOCIAL SECURITY/R.R. RETIREMENT _____
D. ANY INCOME NOT INCLUDED ABOVE _____
E. TOTAL OF LINES A.-D. _____
EXPLAIN: _____
APPLICANT'S/AUTHORIZED AGENT'S AFFIDAVIT
The applicant or authorized agent deposed that the statement in this application are true and complete and claims tax relief under provisions of the CT General Statutes and Town ordinance. The property, for which tax relief is claimed, is the permanent residence/domicile of the above applicant. (Must reside at least 183 days per year in each abated year and three years prior to application. Also, he/she is not receiving benefits, State or Town, in any other City/Town in Connecticut. Penalty for false statements shall result in repayment of all credits, in addition to interest, court costs and attorney fees, if any, and any penalties provided for by the Connecticut General Statutes.

SIGNATURE: _____ DATE: _____ PHONE # _____ AGENT'S RELATIONSHIP _____

APPLICATION RECEIVED: _____ % OF PROPERTY OWNED BY THIS APPLICANT (IN FEE OR LIFE USE) _____ *
GROSS ASSMT: _____ *Other name on property _____
EXEMPTIONS: BLIND (-) _____
DISABLED (-) _____
VETERANS (-) _____
LOCAL OPTIONS (-) _____
ADDL VETERANS (-) _____
NET ASSESSMENT: _____ MILL RATE: _____ (1) TAXES: _____
(2) ALLOWABLE TABLE PERCENTAGE: _____ %
(3) CREDIT MAXIMUM:
a.) Line (1) x Line (2)
b.) Table Ceiling x Line %
(4) (a) Lesser of Line (3a.) & (3b.)
(b) Minimum Grant
(5) Credit Amount
Greater of 4(a) or 4(b)

APPROVED: _____ YES _____ NO / REASON FOR DENIAL: _____
SIGNATURE OF ASSESSOR/ASST ASSESSOR _____ DATE SIGNED: _____
DISTRIBUTION: PART 1 (White) - TOWN PART 2 (Blue) - APPLICANT