

TOWN OF SOMERS
APPLICATION FOR LOCAL TAX RELIEF PROGRAM

FILING PERIOD: FEBRUARY 1ST THROUGH MAY 15TH

The Town of Somers has enacted a program to supplement the tax relief local property owners qualify for by application to the State of Connecticut for tax credits available to elderly and disabled homeowners. Please provide the requested information to the best of your ability, then sign and submit this form to the Assessor's office along with your State application.

1. Name (last) (first) (M.I.) Date of birth SS number

2. Spouse name Spouse date of birth Spouse SS number

3. Property address:

4. Mailing address:

5. Filing status: (circle one only): Married Unmarried

6. Income from State from line 7c: 7b. \$

7. List all non-income generating assets. (see note on reverse side) Value:

7a. Total value of assets (add all asset value in 7) 7a.\$

The information provided herein is true and accurate to the best of my knowledge. Providing false information or intentionally omitting relevant information will result in the applicant refunding all tax relief based on the false information.

Signature: _____

Date: _____

Assessor will complete the calculations and determine tax credit based on the income table on the reverse side.

8. Imputed income (multiply 7a by .02)	8.
9. Total income including imputed (add line 6 and line 8)	9.
10. Total maximum credit % (using line 9 and income step table)	10.
11. Amount of property tax (from State form line 13)	11.
12. Maximum total credit amount (multiply line 11 by line 10)	12.
13. State tax credit (from State form line 17)	13.
14. Town tax credit (subtract line 13 from line 12)	14.

Sign and return the original application to the Assessor's Office. Keep a copy for your records. The information provided is confidential and will be used only by the Assessor and only for purposes of determining qualification for this program.