

POST OFFICE BOX 5125
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NORWALK CT 06856-5125
TELEPHONE (203) 854-7888
HTTP:// WWW.NORWALKCT.ORG



DEPARTMENT OF FINANCE
OFFICE OF THE ASSESSOR

February 1, 2019

Dear Applicant:

You are receiving this application because you have expressed interest in this program or have deferred your taxes last year.

In order for you to qualify/re-qualify for this exemption you must fill out the enclosed application and provide proof of income from the fiscal year of 2017.

Please make sure to follow the enclosed instructions, fill out the application, sign & date it and attach a copy of all of your pertinent income documentation.

This application and all proof of income **MUST** be received in our office by **May 15, 2019** in order that you may have your taxes deferred for the tax bill(s) of July 1, **2019** and January 1, **2020**.

If you have any questions, feel free to contact me at 203-854-7816.

Thank you.

Sincerely,

Laurie A. Tallcouch
Assessment Data Technician
ltallcouch@norwalkct.org



TAX DEFERRAL
FOR ELDERLY OR TOTALLY DISABLED HOMEOWNERS

APPLICATION INSTRUCTIONS

Reminder: to qualify for the Tax Deferral program, **Applicants must be current** with all City taxes, fees, assessments, and any other City charges, and must have been Norwalk resident taxpayers for the past twelve (12) months.

Proof of all income is required for filing.

- If you filed a federal tax return for 2018, you must include a **complete** copy of the return, **AND** a copy of your 2018 Social Security 1099 form.
- If you did **NOT** file a Federal income tax return for 2018, you **MUST** include copies (no originals, please) of: income statements (usually Federal tax form 1099) for all of your income, taxable **and** non-taxable, **AND** a copy of your 2018 social Security 1099 form.
- If any portion of your property is rented, gross rent less applicable expenses **MUST** be included as income.

Total income from all sources, **taxable and non-taxable**, cannot exceed **\$66,200** for both married and single applicants.

Please complete the application **IN INK**.

Line Instructions

Make sure to indicate your marital status.

Make sure to check the box if you are **under 65 years old and totally disabled**.

12 – 13. You **must** file for the State tax credit program, if eligible.

21. Enter medical expenses if you itemized them on your Federal tax return form 1040.

22. Subtract line 21 from line 20.

Be sure to sign and date your application. You are swearing to the fact, under penalty of law, that all of the information is true and correct.

If you have any questions, please call Laurie Tallcouch at 203-854-7816 in the Norwalk Tax Assessor's Office. **APPLICATIONS INCLUDING PROOF OF INCOME MUST BE RECEIVED BY THIS OFFICE NO LATER THAN MAY 15, 2019.**

CITY OF NORWALK
TAX DEFERRAL APPLICATION
FOR ELDERLY OR TOTALLY DISABLED HOMEOWNERS
2018 GRAND LIST

Print or Type (Except Signature) - Application Period (February 1– May 15, 2019)

_____ SURVIVING SPOUSE (Spouse's Date of Death: ___/___/___)
 _____ MARRIED (If so, do you & your spouse reside togetherYes ___ No ___)
 _____ SINGLE (Never Married) _____ DIVORCED/LEGALLY SEPARATED

Check Here If Applicant is **Under 65 & Totally Disabled** (EAB Code)

1. NAME: _____ SPOUSE: _____
Last First MI Last (If Different) First MI

2. ADDRESS: _____ NORWALK, CT _____ 3. TEL. #: _____
Street Zip

4. DATE OF BIRTH: ___/___/___ 5. SPOUSE'S DATE OF BIRTH: ___/___/___

6. SOCIAL SECURITY #: _____ - _____ - _____ 6A. SPOUSE'S S.S. #: _____ - _____ - _____

7. Did you occupy the above residence for more than 200 days last year?.....Yes ___ No ___

8. Date of purchase (or legal acquisition) of Norwalk residence ___/___/___

9. Do you share legal ownership with anyone other than spouse? Yes ___ No ___

If yes, Name(s) of Other Owners: _____ Relationship: _____

10. Your percentage of ownership: _____%

11. Is the property a multi-family dwelling? ...Yes ___ No ___ If yes, what % do you occupy? _____%

12. Are you eligible for tax credits through a State of Connecticut Program?
 (Office of Policy and Management: Elderly or Totally Disabled Homeowner Yes ___ No ___

13. If so, are you submitting a State application this year? Yes ___ No ___

14. Have you been a Norwalk taxpayer at least 12 months prior to application? Yes ___ No ___

15. Are you receiving Tax Relief in any other Municipality or State?.Yes ___ No ___ If yes, where? _____

16. TAXABLE INCOME (See 7.A., B., & D. of State Application).....\$ _____

17. Non-Taxable Interest – e.g., Interest from Tax Exempt Bonds\$ _____

18. TOTAL SOCIAL SECURITY income \$ _____

19. Any Other Non-Taxable Income – e.g., Gov. Assistance, Disability Payments\$ _____

20. TOTAL INCOME OF APPLICANT(S) \$ _____

21. LESS Medical Expenses Over 7.5% of Adjusted Gross Income (\$ _____)

22. ADJUSTED TOTAL INCOME \$ _____

SWORN AFFIDAVIT - The above named applicant or authorized agent states that the above information is true and complete. Penalty for making a false affidavit is a \$500.00 fine or imprisonment for one year, or both.

DATED: ___/___/2019 SIGNATURE OF APPLICANT/AGENT: _____