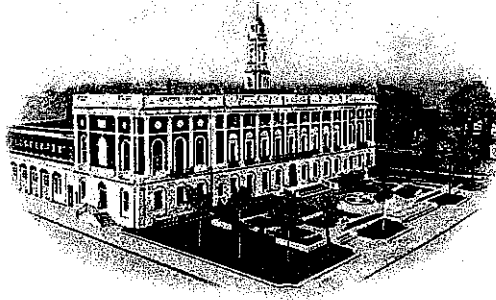


TOM DISTASIO
ASSESSOR



ASSESSOR'S OFFICE
(203) 574-6821

DEPARTMENT OF ASSESSMENT
THE CITY OF WATERBURY
CONNECTICUT

ELDERLY AND TOTALLY DISABLED HOMEOWNERS PROGRAM

State and local programs are available to homeowners who are 65 years of age and/or totally disabled. The program grants credit against tax payments. The Office of Policy and Management set the income limits for the program annually. Income includes wages, pensions, Social Security payments, and interest on savings accounts. Applications are accepted in the Assessor's Office, 235 Grand Street, Courtyard Level, Waterbury, CT from **February 1st to May 15th**.

Applications are accepted:

Monday thru Thursday 9:00 am – 4:00 pm
Friday 9:00 – 12:00 noon

Please fill out the application and include copies of all your income for the 2025 tax year such as:

2025 FEDERAL INCOME TAX RETURN (with ALL supporting forms & documents). IF YOU FILE ONE

2025 SOCIAL SECURITY 1099 FORM

2025 SUPPLEMENTAL SECURITY INCOME (SSI) WITH MONTHLY BREAKDOWN

RAILROAD RETIREMENT INCOME

VETERAN'S PENSION STATEMENT

PENSION EARNINGS

ANY ADDITION INCOME NOT LISTED ABOVE: (wages, lottery winnings, pensions, IRA, withdrawals, interest, dividends and net rental income [excluding depreciation]). YOU MUST PROVIDE DOCUMENTATION

Income guideline limits for 2025

Single person \$46,300
Married couples \$56,500

Please make sure you sign your completed application

For additional information, contact the Assessor's Office at (203) 574-6821

PLEASE PRINT OR TYPE
M-35H Rev. 12/2018

STATE OF CONNECTICUT - OFFICE OF POLICY AND MANAGEMENT
**APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER**
FILING PERIOD: FEBRUARY 1st through MAY 15th

**OWNER
GRAND LIST**

1. NAME (Last) (First) (Middle Initial)	YOUR BIRTH DATE (mm/dd/yyyy)	YOUR SOCIAL SECURITY NO.
2. SPOUSE'S NAME (Last) (First) (Middle Initial)	SPOUSE'S BIRTH DATE (mm/dd/yyyy)	SPOUSE'S SOCIAL SECURITY NO.
3. MAILING ADDRESS (No. and Street)	CITY OR TOWN	STATE ZIP CODE

4. PROPERTY ADDRESS (No. and Street) <small>ONLY IF DIFFERENT FROM 3. ABOVE</small>	CITY OR TOWN	STATE	ZIP CODE	OTHER NAME ON PROPERTY
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5. FILING STATUS: CIVIL UNION
CHECK ONLY ONE: MARRIED UNMARRIED SURVIVING SPOUSE (AGE 50 TO 65) PROOF REQUIRED

IF SPOUSE IS A RESIDENT OF A HEALTH CARE OR A NURSING HOME FACILITY IN CT AND ON TITLE XIX <u>CURRENT PROOF REQUIRED</u> CHECK HERE: <input type="checkbox"/>	IF APPLICANT IS TOTALLY DISABLED <u>CURRENT PROOF REQUIRED</u> CHECK HERE: <input type="checkbox"/>
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6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? YES (Attach Copy) NO

7. CT QUALIFYING INCOME RECEIVED DURING LAST CALENDAR YEAR:

A. GROSS INCOME - Includes: Federal Gross Income or its equivalent. Such as, but not limited to wages, lottery winnings, pensions, IRA withdrawals, interest, dividends and net rental income (excluding depreciation). A. \$ _____

B. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds B. \$ _____

C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - Add Medicare premiums (Attach SSA 1099) C. \$ _____

D. ANY OTHER INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, Veteran's Disability Pensions, and any other income not listed above. D. \$ _____

EXPLAIN OTHER: _____ E. TOTAL Add lines 7A through 7D E. \$ _____

8. APPLICANT'S/ 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. The property for which tax relief is claimed, is the permanent residence/domicile of the applicant. He/she is not receiving State Elderly tax benefits under section 12-129b or section 12-170d, in any town. The penalty for making a false affidavit is the refund of all credits improperly taken and a fine of not more than \$500.00. Your signature signifies that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT X	Date signed (mm/dd/yyyy)	APPLICANT'S or AGENT'S PHONE NO. ()	AGENT'S RELATIONSHIP
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STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY

9. Date Application Received: _____	10. Total percentage of property (in fee or in life use) owned by this applicant _____ %	14. Allowable Table Percentage: _____ %
PROPERTY'S GROSS ASMT: \$ _____	APPLICANT'S GROSS ASMT: \$ _____ * Subtract Exemptions for: Blind - _____ Disabled - _____ Veteran's - _____ Local Options - _____ Add'l Vets - _____	15. Credit Maximum: a. Line 13 or **13a X Line 14 \$ _____ b. Table Ceiling X Line 10 \$ _____
11. Net Assessment (based on APPLICANT'S GROSS ASMT. minus total exemptions) (MUST agree with the continuation sheet) \$ _____		16. a. Lesser of Line 15a or 15b \$ _____ b. Minimum Grant \$ _____
12. Mill Rate: _____	13. Amount of Property Tax: or **13a. Amount of Frozen Tax: \$ _____	17. CREDIT AMOUNT Greater of 16a or 16b \$ _____

**NOTE: If local option freeze program is offered by municipality you must enter frozen tax amount in Box 13a and Box 15a

ASSESSOR'S AFFIDAVIT

- I am satisfied that the above named applicant meets all the necessary statutory requirements

- This claim is disallowed for the following reason: _____
{Per Connecticut General Statutes Section 12-170cc an applicant has the right to appeal the Assessor's decision to the Secretary of OPM, in writing, within 30 business days from the date of notice given by the Assessor}

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF	Date signed (mm/dd/yyyy)
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QUALIFYING INCOME FOR TAX RELIEF PROGRAM YEAR 2025

Homeowners

Income and Grant Information - 2025 Benefit Year

Filing period February 1 - May 15, 2026

Income		Tax Credit%		Tax Credit Maximum		Tax Credit	
<u>Over</u>	<u>To</u>	<u>Married</u>	<u>Unmarried</u>	<u>Married</u>	<u>Unmarried</u>	<u>Married</u>	<u>Unmarried</u>
\$-	\$23,300	50%	40%	\$1,250	\$1,000	\$400	\$350
\$23,300	\$31,200	40%	30%	\$1,000	\$750	\$350	\$250
\$31,200	\$38,800	30%	20%	\$750	\$500	\$250	\$150
\$38,800	\$46,300	20%	10%	\$500	\$250	\$150	\$150
\$46,300	\$56,500	10%		\$250	\$-0-	\$150	\$-0-

Renters

Income and Grant Information - 2025 Benefit Year

Filing period April 1 - September 30, 2026

Income		Maximum Rebate		Minimum Rebate	
<u>Over</u>	<u>To</u>	<u>Married</u>	<u>Single</u>	<u>Married</u>	<u>Single</u>
\$-	\$23,300	\$900	\$700	\$400	\$300
\$23,300	\$31,200	\$700	\$500	\$300	\$200
\$31,200	\$38,800	\$500	\$250	\$200	\$100
\$38,800	\$46,300	\$250	\$150	\$100	\$50
\$46,300	\$56,500	\$150	\$-0-	\$50	\$-0-

The Standard monthly premium for Medicare Part B enrollees will be \$185.00 for 2025. Annual Medicare premiums for calendar year 2025 therefore, are \$2,184.00 for a single applicant and \$4,368.00 for married applicants. WE CONTINUE TO REQUIRE A FORM SSA1099, OR IT'S EQUIVALENT FOR EACH HOMEOWNER AND RENTER APPLICANT TO BE PROVIDED AT THE INTAKE SITE.

The Additional Veterans' exemption for income qualifying applicants for the 2026 Grand List will be based on the following income maximums: The maximum for single applicants will be \$46,300.00; the maximum for married applicants will be \$56,500.00.

100% V.A. determined Disabled Veterans will continue to use \$18,000.00 for single applicants and \$21,000.00 for married applicants (adjusted gross income only; non-taxable Social Security Income is not considered).