



Incorporated 1787

Office of Tax Collector

Application for Elderly Tax Assistance for Abatement, Deferment or Freeze
Applications must be received by the Tax Collector's Office no later than May 15, 2018.

_____	_____	_____	_____	_____
Owner Last Name	First	MI	Date of Birth	Email Address
_____	_____	_____	_____	_____
Spouse Last Name	First	MI	Date of Birth	Email Address
_____	_____		_____	
Property Location			Telephone	

Please note: All questions must be answered. Incomplete applications shall result in denial of benefits.

Is there a co-owner other than spouse? Circle **Yes** or **No**. If yes, co-owner percent ownership? _____%

Attach to this form your Federal Income Tax Return for 2017. If you file separately from your spouse, attach for each.

I and/or my spouse was 65 or older on December 31, 2017 or I was 60 years of age on that date and am the surviving spouse of a taxpayer qualified for tax relief under this ordinance at the time of his/her death. Circle **Yes** or **No**

I have resided and paid real estate taxes on a residence in Weston of 1 year prior to this application. Circle **Yes** or **No**

I certify that I have applied for State Tax Relief for which I am eligible. Circle **Yes** or **No**

The property identified above is my legal residence and I occupy it more than 183 days each year. My real estate taxes are paid. I am not delinquent. I am aware that I must be current as of May 15, 2018 to be considered for benefits.

Please note: All questions must be answered. Incomplete applications shall result in denial of benefits.

List your total income

Total Income – 1040 Line 22	_____
List any Tax Exempt Interest	_____
List any Untaxed IRA Distribution	_____
List any Untaxed Pensions and Annuities	_____
List any Untaxed Social Security	_____
List any Other Income	_____
Total All of the Above	_____

Net Worth: include fair market value of all assets, real and liquid, less mortgages and loans.

Ex: Real Property, Bank Accounts, Stocks, Bonds _____

*I, _____ do swear or affirm under penalty of perjury that the information contained in this application has been examined by me and to the best of my knowledge and belief is complete and the statements made are true and correct.

Signature of Applicant

Date

State of Connecticut:

_____:ss _____ Date _____

County of Fairfield:

Personally appeared _____, signer and sealer of the forgoing instrument, who acknowledged same to be his/her free act and deed, before me.

Notary Public/Commissioner of the Superior Court