

TOWN OF TOLLAND

AGREEMENT FOR TAX DEFERRAL

Local Ordinance 25: ELDERLY HOMEOWNER'S APPLICATION FOR TAX DEFERRAL

Filing period: February 1, 2024 to May 15, 2024. **NO EXTENSION WILL BE GRANTED**

Today's Date: _____

Grand List Year _____ List Number: _____

NAME OF APPLICANT: _____ D.O.B. _____

NAME OF SPOUSE: _____ D.O.B. _____

PROPERTY ADDRESS: _____ PHONE: _____

MAIL ADDRESS IF DIFFERENT (explain): _____

INCOME INFORMATION

Per Ordinance 25 ALL HOUSEHOLD income must be reported and included for this program

ADJUSTED GROSS INCOME (from 2023 IRS tax return) 1. _____

SOCIAL SECURITY PAYMENTS (from 2023 SSA 1099) 2. _____

PENSIONS (Annual total) 3. _____

TAX EXEMPT INCOME (Municipal Bonds, etc.) 4. _____

OTHER INCOME 5. _____

TOTAL INCOME DECLARED 6. _____

2023 GRAND LIST MAXIMUM INCOME = \$75,600

1. Have you resided in and been liable for taxes to the Town of Tolland for 1 year? **Yes or No**

2. Have you applied for any State Elderly Program you may be qualified for? **Yes or No**

3. Will you be receiving benefits under the State Elderly Program this year? **Yes or No**

4. Do you share ownership with anyone other than your spouse? **Yes or No**

5. Have you lived at the property you claim benefits on at least 183 days of the previous calendar year? **Yes or No**

6. What is your percentage of ownership in this property? _____

IMPORTANT:

This application must be filed within the time limits set Ordinance #25 concerning tax deferral programs for Tolland senior citizens. Applicants selecting this deferral program must complete an agreement with the Town detailing the conditions of approval under this program. Affidavit to be signed only in the presence of designated office. The above applicant, or authorized agent, deposes and says, under penalty of perjury that the above statements are true and complete.

Signature of applicant (or agent): _____

Date: _____

BENEFIT CALCULATION

To be completed by Assessor's Office and approved by applicant

Property Gross Assessment: _____

Less exemptions: - _____

NET ASSESSMENT: = _____

Current Mill Rate: x _____

Calculated Taxes: = \$ _____

Less: _____ Local Freeze Program benefit - \$ _____

_____ State Homeowner benefit - \$ _____

Calculated taxes, less benefit programs = \$ _____

MAXIMUM ALLOWABLE BENEFIT \$ _____

Per CGS 12-129n. (= 75% of calculated taxes)

AMOUNT OF RELIEF REQUESTED _____

APPROVED TOWN TAX DEFERRAL \$ _____

Signature of applicant (or agent): _____

Date: _____

APPLICANT'S AFFIDAVIT/ASSESSOR'S CERTIFICATION

In exchange for Tax Deferral Benefits authorized in the Tax Relief for the Elderly Ordinance of the Town of Tolland, I/We

owner(s) of the property at: _____,

hereby agree to the following terms and conditions:

1. *All deferred taxes shall be reimbursed to the Town of Tolland upon conveyance of the real property subject to such tax deferral.*
2. *Such interest shall be compounded annually and shall accrue from the date such deferral is made at the rate established in the Tax Relief for the Elderly Ordinance and shall be payable and reimbursed to the Town of Tolland upon conveyance of the real property subject to such tax deferral.*
3. *This agreement shall be binding on my heirs, successors and assigns and shall be filed in the land records of the Town of Tolland. I understand that this agreement shall constitute a lien on the real property subject to tax deferral and that a lien securing reimbursement of principal, due to the Town of Tolland with legal interest, fees and charges thereon shall be filed in the land records of the Town of Tolland.*

As the owner(s) of the above property I/We are requesting a tax deferral in the amount of

\$ _____ for the Grand List of _____.

*Signature of applicant*_____

*Signature of applicant*_____

This claim is: ☐ allowed ☐ disallowed.

Signature of assessor or member of assessor's staff _____

WITNESSES:

Signature

Printed Name

Signature

Printed Name

STATE OF CONNECTICUT)
) ss: Tolland
 County of Tolland)

Subscribed before me this _____ day of _____, 20_____

Notary Public