



Town of Burlington

200 Spielman Highway
Burlington, CT 06013

Assessor's Office

paul.b@burlingtonct.us

860-673-6789 ext. 3

Dear Homeowner,

You may qualify for elderly or disabled tax relief for Homeowners if your income level is below \$69,077. To apply for this benefit, please fill out the enclosed applications and **return to the Assessor's Office no later than May 15th**. You may mail the applications, drop them in the secure black lockbox at the front entrance to Town Hall or come into the office with them. Attached are the state and local applications. Elderly applicants must be 65 years of age or older December 31st of the prior year to qualify. Disabled applicants must provide proof of disability. If you would like assistance filling out the applications, please call 860-673-6789 ext. 3.

Income Requirements – will change annually

Current requirements are as follows:

State Tax Relief Program

Income including Social Security (taxable and non-taxable portion)

Married Maximum Income **\$53,400**; Single Person: Maximum Income **\$43,800**

Local Program

Married or Single Person Maximum Income **\$69,077**

You are required by law to submit proof of all income to the Assessor's Office.

We will need the following documentation to process your abatement:

- Social Security Statement for previous year - 2023 (SSA-1099)
- **The first two pages of your Federal Income Tax Return for 2023 if you file one**
- If you do not file a Federal Income Tax Form, any income statements or 1099's such as bank account interest, pension & trust statements, dividends and earnings statements, etc.
Proof of any income.
- If you are disabled, a copy of the TPQY form from Social Security
- We will also need a copy of your current driver's license.

VETERANS ONLY

If you are a Veteran, an Additional Veteran's application and a local Veteran's application SHOULD BE REQUESTED. The filing period for these applications only is September 30th. It is more efficient if you file the Additional Veteran's application now, along with the Homeowners' Application, if you qualify.

If you have any questions, please call the Assessor's Office. The telephone number is 860-673-6789 Ext. 3. Office hours are Monday through Thursday 8:00am to 4:00pm, and Friday from 8:00am to 12:30pm.

Sincerely,

Elizabeth A. Paul, CCMAII

Assessor, Town of Burlington

Income Requirements

**Income and Grant Information –2023 Benefit Year
Filing period Homeowners: February 1 - May 15, 2024**

Income		Tax Credit %		Tax Credit Maximum		Tax Credit Minimum	
<u>Over</u>	<u>To</u>	<u>Married</u>	<u>Unmarried</u>	<u>Married</u>	<u>Unmarried</u>	<u>Married</u>	<u>Unmarried</u>
\$-0-	\$22,000	50%	40%	\$1,250	\$1,000	\$400	\$350
22,000	29,500	40	30	1,000	750	350	250
29,500	36,700	30	20	750	500	250	150
36,700	43,800	20	10	500	250	150	150
43,800	53,400	10	-0-	250	-0-	150	-0-

Local Benefit – Town of Burlington Homeowners

Income

<u>Over</u>	<u>To</u>	<u>Married</u>	<u>Unmarried</u>
\$0	14,400	\$1,375	\$1,100
14,400	19,400	1,100	825
19,400	24,200	825	605
24,200	28,800	605	495
28,800	35,300	495	330
35,300	40,000	330	330
40,000	69,077	330	275

Local Benefit – Qualifying Additional Veterans

Income Limit: Maximum: \$69,077

Assessment Exemption: \$20,000



Town of Burlington Local Homeowner Application for Property Tax Relief 2023 Grand List

Filing Period February 1st through May 15th, 2024

You may mail this form to: Burlington Town Hall, Assessor's Office, 200 Spielman Hwy, Burlington, CT 06013 or you may email this form to: paul.b@burlingtonct.us or ...
Drop it in the black lockbox at the front door of Town Hall or come into the office..

Name _____ Date of Birth _____ SS# _____
Spouse _____ Date of Birth _____ SS# _____
Address _____ Year Property Acquired _____
Email Address _____

If resided at above address less than two years, previous address owned & occupied in Burlington.
_____ Burlington, CT

Do you own a home in another state? _____ If so, where? _____

Did you file a Federal Income Tax Return for 2023? Yes _____ (attach copy) No _____

- A. Gross Income for last calendar year (2023) \$ _____
- B. Non-taxable interest (i.e. tax exempt bonds) \$ _____
- C. Social Security or Railroad Retirement + Medicare \$ _____
- D. Any income not reflected above \$ _____
- Total Income \$ _____

I certify that the information provided by me is true and accurate. I understand that any false or inaccurate information will result in denial and or revocation of this benefit and that I will be liable to the Town of Burlington for repayment of said benefits.

Signature _____ Date _____ Phone Number _____

******* ASSESSOR USE ONLY *******

Qualified for local Credit: Yes _____ No _____ Reason disallowed: _____

Unique ID: _____ % Ownership _____ Amount local credit \$ _____

Assessor _____ Date _____

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

OWNER
GRAND LIST

FILING PERIOD: FEBRUARY 1st through MAY 15th

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 (Don't Abbreviate) STATE ZIP CODE
4. PROPERTY ADDRESS (No. and Street) CITY OR TOWN STATE ZIP CODE OTHER NAME ON PROPERTY

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 CURRENT PROOF REQUIRED CHECK HERE:
IF APPLICANT IS TOTALLY DISABLED CURRENT PROOF REQUIRED CHECK HERE:

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.\$
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 Date signed (mm/dd/yyyy) APPLICANT'S or AGENT'S PHONE NO. AGENT'S RELATIONSHIP

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 %
PROPERTY'S GROSS ASMNT:\$ APPLICANT'S GROSS ASMT: \$ - *
Subtract Exemptions for: .Blind -
Disabled -
* Based on % of Veteran's -
ownership LocalOptions -
Add'l Vets -
11. Net Assessment (based on APPLICANT'S GROSS ASMT. minus total exemptions) (MUST agree with the continuation sheet) \$
14. Allowable Table Percentage: %
15. Credit Maximum:
a. Line 13 or **13a X Line 14 \$
b. Table Ceiling X Line 10 \$
16.a. Lesser of Line 15a or 15b \$
b. Minimum Grant \$
17. CREDIT AMOUNT
Greater of 16a or 16b \$

12. Mill Rate: 13. Amount of Property Tax: or **13a. Amount of Frozen Tax: **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)

DISTRIBUTION: Original - Assessor Copy - Applicant Copy - Tax Collector Electronic submission to OPM