



Town of Woodbridge

Office of the Assessor

11 Meetinghouse Lane

Woodbridge, CT 06525

Phone: (203) 389-3416 Fax: (203) 389-3480

Website: <http://www.woodbridgect.org>

Town of Woodbridge Elderly & Totally Disabled Tax Relief Program

Application filing February 1st – May 13th

*Name of Applicant: _____ DOB: ___/___/___ SS#: ___-___-___

*Spouse Name: _____ DOB: ___/___/___ SS# ___-___-___

*Marital Status: ___ Married ___ Single ___ Surviving Spouse

*Legal Address: _____

*Property Location: _____

*Were you 65 years of age by December 31, 2021?

___ Yes ___ No

If no, please attach Social Security Award Letter, Railroad Retirement or Teacher's Retirement Disability Letter.

*Please list any other persons that reside at the above property location that were 21 years or older as of December 31, 2021 and by State or Federal guidelines consider the above address their legal residence.

Name	Birthdate	Social Security No.
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*Have you resided at and paid taxes on the above property for a least one year?

___ Yes ___ No

*Do you or any persons using the above address, as their legal residence, owe any back taxes to the Town of Woodbridge?

___ Yes ___ No

<u>Group</u>	<u>Income</u>	<u>Credit</u>	<u>Funded</u>
Group I	\$0 - \$46,400	\$1,400	Completely
Group II	\$46,400 - \$78,880	\$1,120	Completely, unless cap is reached, then remainder distributed evenly

Income from All Sources During the Calendar Year

Modified Income will be computed for each includable household member as follows:

Federal Gross Income (GI)	\$ _____
ADD:	
Social Security Not Included in Federal GI	\$ _____
Tax Exempt Interest Income	\$ _____
Other Income not reflected above	\$ _____
Net Losses per Form 1040 (used to arrive at GI)	\$ _____
Business Losses	
Capital Losses	
Other Losses	
Schedule E Losses	
Farm Losses	
Net Operating Losses	
SUBTRACT: (only if itemized for Federal):	
Medical Expenses in Excess of 7.5% of GI (Per form 1040, Schedule A)	\$ (_____)
Modified Income:	\$ _____

Proof of income and social security earnings is required

I am hereby applying to the Town of Woodbridge for a tax credit for my legal residence. I declare the information supplied on this application are true and complete. By my signature, I accept and acknowledge that I have the responsibility to immediately notify the Town of Woodbridge of any changes that would affect my status to receive a tax credit. I also agree to pay all the property taxes and interest that result if the Town receives information, which changes my ability to receive such credit.

Applicant's signature

Date

Phone number

FOR ASSESSOR ONLY

___ Application accepted in the amount of \$ _____

___ Application denied because _____