



**Town of Woodbridge
Assessors Office
11 Meetinghouse Lane
Woodbridge, CT 06525
(203) 389-3416**

**Town of Woodbridge Elderly & Totally Disabled Tax Relief Program
Application filing February 1, 2026 - May 15, 2026**

1. Name of Applicant	Birthdate	Social Security No.
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2. Spouse's name	Birthdate	Social Security No.
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3. Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Surviving Spouse
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4. Legal Address

5. Property Location

6. Were you 65 years of age by December 31, 2025? <input type="checkbox"/> yes <input type="checkbox"/> no
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If no, please attach Social Security Award Letter, Railroad Retirement or Teacher's Retirement Disability letter.

7. Please list any other persons that reside at the above property location that were 21 years or older as of December 31, 2025 and by State or Federal guidelines consider the above address their legal residence.

Name	Birthdate	Social Security No.
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8. Have you resided at and paid taxes on the above property for at least one year? <input type="checkbox"/> yes <input type="checkbox"/> no

9. Do you or any persons using the above address, as their legal residence, owe any back taxes to the Town of Woodbridge? <input type="checkbox"/> yes <input type="checkbox"/> no
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Group	Income	Credit	Funded
Group I	\$0 - \$72,448	\$1,600	Completely
Group II	\$72,449 – \$108,672	\$1,320	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 Adj Gross Income (AGI) \$ _____

ADD:

Social Security Not included in Federal AGI \$ _____

Tax Exempt Interest Income \$ _____

Net Losses per Form 1040 (used to arrive at AGI)
\$ _____

Business Losses

Capital Losses

Other Losses

Schedule E Losses

Farm Losses

Net Operating Losses

Disability income not included in Federal AGI
\$ _____

SUBTRACT (only if itemized for Federal):

Medical Expenses in Excess of 7.5% of AGI
(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 is 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 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 _____