## Renter's Rebate Application

#### **ELIGIBILITY REQUIREMENTS:**

AGE: 65 (BY 12/31/2019) AND OLDER OR RECEIVING SOCIAL SECURITY DISABILITY INCOME LIMIT: SINGLE PERSON \$37,000 / MARRIED COUPLE \$45,100

Resident of Connecticut at least 1 year prior to application

There is no asset limit for this program

Due to COVID-19, the Renter's Rebate application process will look different this year. Please review the information below <u>carefully</u> and <u>complete the application on the reverse side of this sheet</u>. The application and required documentation must be submitted by <u>October 1, 2020</u>. All documents submitted will be returned via mail.

There are THREE ways to get completed application and required documentation to us.

- 1. Email SocialServices@GlastonburyCT.gov
- 2. Mail to Riverfront Community Center, 300 Welles Street, Glastonbury, CT 06033
- 3. Drop off (<u>in a SEALED ENVELOPE labeled RENTER'S REBATE</u>) to the Parks and Recreation Drop Box, located behind the Academy Building, 2143 Main Street (to the right of the entrance)

#### PLEASE ANSWER THE FOLLOWING QUESTIONS

Were you born before 1/1/1955? (Circle One) YES NO

Do you receive Social Security Disability? (Circle One) YES NO

Did you live at the same address for ALL of 2019? (Circle One) YES NO

Did anyone over the age of 18 (other than spouse) live with you in 2019? (Circle One) YES NO

Did you file a Tax return for 2019? (Circle One) YES NO



# Did you complete the application on the reverse? Did you remember all of the Required Documentation below?



#### O Proof of all 2019 Income (all that apply)

- 2019 Social Security 1099 form
- 2019 Income Tax Return (if filed)
- If Tax Return NOT filed, ALL 2019 1099 for pensions, interest, etc.

#### O Proof of all 2019 Rent Payments (any option below)

- All 12 rent receipts for 2019
- All 12 cancelled checks
- Letter from landlord detailing 2019 rent payments

### O Proof of all 2019 Utility Payments (Heat, Electric, Water) (any option below)

- Printout from Utility Company (call company to request)
- All 12 cancelled checks

#### STATE OF CONNECTICUT - OFFICE OF POLICY AND MANAGEMENT

#### APPLICATION FOR RENTER'S REBATE OF ELDERLY RENTERS

201	9	RENTER
	_	TENTA T TITE

M-35R Rev 02/2014

AND TOTALLY DISABLED PERSONS
FILING PERIOD APRIL 1 - OCT. 1

1. NAME (Last)	(First)	(Middle Ir	uitial) Y	YOUR BIRTH DATE (Mo , Day, Y	r) YO	UR SOCIAL SECUR	RITY NO.	
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2. SPOUSES NAM	IE (Last) (First	t) (iviidate i	initial) 5.	/ / / / / /	, 11)			
Parameter and the second secon							retarios de la companya de la compa	
3. PRESENT MAILI	ING ADDRESS (No. and Street	t) C	ITY OR TO	OWN (Don't Abbreviate)		STATE	ZIP CODE	
NAME AND DESCRIPTION OF THE PERSON OF THE PE								
4 RENTAL ADDRI	ESS IN CT IF DIFFERENT THA	N ABOVE C	ITY OR TO	OWN		STATE	ZIP CODE	
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5. FILING S								
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	SIDENT OF A HEALTH CA		HOME	IFAPPLICANT IS TO		TOTALLY DIS	ABLED	
	ME FACILITY IN CT AND O			the state of the s	RRENT			
TITLE XIX PROOF	REQUIRED	CHECK HE	ERE:	PROOF REQUIRED		CHECK HERE:	Ц	
6. WHAT % OF RE	ENT AND UTILITIES DO YOU	PAY? (Husband and V	Vife are co	nsidered to be one (1) rente	er)		%	
	AND UTILITIES ACTUALLY PA					\$		
	L YOU FILE A FEDERAL TA		The second second		ach Copy)	□ - NO		
9. PUBLIC ASSIS	TANCE RECIPIENTS PLEAS	SE NOTE: You may	receive L	ESS than the TENTATI				
Line 20 below.	,							
10. DID YOU RE	NT IN CONNECTICUT			F THE ANSWER TO (10		Starting Mo, Yr	Ending Mo, Yr	
FOR THE EN	TIRE CALENDAR YEAR?	☐ YES ☐ NO	)   E	ENTER DATES YOU RE	NTED:			
12. INCOME RECI	EIVED DURING LAST CAL	ENDAR YEAR:	The state of the s					
A. GROSS INC	OME - Includes: Federal Gross	income or its equivale	ent. Such a	ıs, but not limited to,				
wages, lottery	winnings, taxable pensions, IR	A's, interest, dividend	s and net r	ental income (exclude depr	reciation).	A.\$		
B. NON-TAXAI	BLE INTEREST - Example: Int	terest from Tax Exemp	t Governn	nent Bonds		B.\$		
C. SOCIAL SEC	CURITY OR RAILROAD RE	TIREMENT INCOM	ME - Add M	Medicare premiums (Attach SSA	1099)	C.\$		
D. ANY INCOM	ME NOT REFLECTED IN TH	IE ABOVE - Example	es: Federal	Supplemental Security Inc	come,			
Veteran's Pens	ions, Veteran's Disability Paym	ents, and any other in	come not l	listed above.		D.\$	•	
SPECIFY SOU	JRCE OF INCOME:			OTAL Add lines 12A th				
APPLICANT'S/	The applicant or authorized agent	deposes that the above s	tatements a	re true and complete and clain	s tax relief u	nder provisions of t	he Connecticut	
AUTHORIZED	General Statutes. The property for Elderly tax benefits under section	12-129b, section 12-170a	a, in any to	wn. I grant permission to the	Department	of Social Services to	release to the	
AGENT'S	Office of Policy and Management	information necessary to	help detern	nine my eligibility. The penalty	y for making	a false affidavit is tl	he refund of all	
AFFIDAVIT	credits improperly taken and a fir understood.	ne of \$500.00 or imprisor	ment for on	ie year, or both, Your signatur	e signifies th	at this arridavit has	been read and	
SIGNATURE OF APPLI	CANT OR AUTHORIZED AGENT	Date signed (Mo, I		APPLICANT'S OR AGENT'S	PHONE NO.	AGENT'S RELA	TIONSHIP	
X				Area Code ( )			- Charles Charles	
		THE RESERVE OF THE PARTY OF THE	THIS L	INE - FOR ASSESSO	R'S USE	Samuel Sales and Assessment Superior of Street Street Street Street		
	and utilities paid from Line			X .35		9	<b>5</b>	
	TATION: QUALIFYING INCO							
☐ FULL YEAR		OR) PART YEAR		X (NO. MO			Management of the Control of the Con	
15. Subtract Line 14 from Line 13. If zero or negative amount, there is no benefit. Enter –0- on Line 20.								
16. Indicate table u	sed:	☐ Unmarrie	d	☐ Ma	uried			
17. MAXIMUM CREI								
A.   FULL YEAR: amount per table (OR) B.   PART YEAR: amount per table X (No. of Months( )/12 =) \$								
18. Enter amount or	n Line 15 or Line 17, whicher	ver is LESS				ç	3	
19. Minimum per ta						(	\$	
20. Enter GREATE	R of Line 18 or 19: TENTAT	TIVE GRANT (Subj	ect to rev	iew by Off. of Policy an	d Manage	ment) \$	3	
ASSESSOR'S I am satisfied that the above named applicant meets all the necessary statutory requirements								
AFFIDAVIT  - This claim is disallowed for the following reason:								
Please see the instructions at the Assessor's or local Social Services Office for appeal information.								
SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF  Date signed (Mo.,Day,Yr.)								
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Distribution:	Original - Assessor	Copy – Applicant	Co	opy - OPM	-		1	



Original - Assessor

