

ELDERLY/TOTALLY DISABLED HOMEOWNERS PROGRAM

REQUEST FOR EXTENSION OF TIME TO FILE

Please complete the following information and return this letter along with a letter from your doctor **OR** proof of IRS extension to the Connecticut Office of Policy and Management at the address below.

APPLICANT NAME _____

ADDRESS _____

_____ ZIP _____

TELEPHONE NUMBER (_____) _____ - _____

I am requesting an extension of time to file for the Elderly/Totally Disabled Homeowners Program. I was under a doctor's care during the designated filing period February 1 through May 15 of this year OR was granted an extension to file a federal tax return by the IRS.

Enclosed please find a letter of medical proof from my doctor or proof of IRS extension.

The statutory deadline for filing a Request for Extension of Time to File is **August 15th**.

Signature

Date

Send to: Connecticut Office of Policy and Management
Tax Relief Unit, MS#54GSU
450 Capitol AvenueHartford, CT 06106-1379
Attn: Patrick Sullivan
OR
patrick.j.sullivan@ct.gov