

Grand List Year

BLOOMFIELD SENIOR TAX FREEZE PROGRAM
FILING PERIOD: FEBRUARY 1ST - MAY 15TH

Applicant #

1. APPLICANT'S NAME: (LAST) (FIRST) (MIDDLE INITIAL) 1A. BIRTHDATE (MO. DAY, YR.) 1B. SOCIAL SECURITY NO.
2. SPOUSE'S NAME: (LAST) (FIRST) (MIDDLE INITIAL) 2A. BIRTHDATE (MO. DAY, YR.) 2B. SOCIAL SECURITY NO.

3. PROPERTY ADDRESS: (STREET NUMBER) (STREET NAME) (TOWN) (STATE) (ZIP CODE)
BLOOMFIELD CT 06002
4. MAILING ADDRESS (IF DIFFERENT FROM PROPERTY LOCATION) (STREET NUMBER) (STREET NAME) (TOWN) (STATE) (ZIP CODE)

5. FILING STATUS:
CHECK ONLY ONE: [] MARRIED [] UNMARRIED [] SURVIVING SPOUSE [] CIVIL UNION

6. WERE YOU OR YOUR SPOUSE LIABLE FOR REAL ESTATE TAXES TO THE TOWN OF BLOOMFIELD FOR THE PRECEEDING YEAR? [] YES [] NO

7. DATE OF ACQUISITION OF THIS PROPERTY: 8. DID YOU RESIDE AT THIS ADDRESS FOR THE ENTIRE CALENDAR YEAR: [] YES [] NO

9. DID YOU OR WILL YOU FILE A FEDERAL INCOME TAX RETURN? [] YES [] NO

10. INCOME RECEIVED DURING LAST CALENDAR YEAR:
A.) TAXABLE INCOME A.) _____
B.) NON-TAXABLE INCOME B.) _____
C.) SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME: C.) _____
D.) ANY INCOME NOT RELFECTED IN THE ABOVE (SPECIFY: _____) D.) _____
E.) TOTAL OF LINES 9A THROUGH 9D E.) _____

11. APPLICANT'S OR AGENT-IN-FACT AFFIDAVIT
THE APPLICANT OR AGENT-IN-FACT DEPOSES THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE AND CLAIMS TAX RELIEF UNDER THE PROVISIONS OF THE BLOOMFIELD SENIOR TAX FREEZE PROGRAM. THE PROPERTY FOR WHICH TAX RELIEF IS CLAIMED IS THE PRINCIPLE RESIDENCE OF THE APPLICANT. HE/SHE IS NOT RECEIVING STATE ELDERLY TAX BENEFITS UNDER SECTION 12-129B OR 12-129D IN ANOTHER TOWN. THE PENALTY FOR MAKING A FALSE AFFIDAVIT IS THE REFUND OF ALL CREDITS IMPROPERLY TAKEN AND A FINE OF \$500.00.
THE APPLICANT OR AGENT-IN-FACT UNDERSTANDS THAT THE TOWN WILL RECORD A LIEN AGAINST THE PROPERTY FOR WHICH RELIEF HAS BEEN GRANTED, IN AN AMOUNT EQUAL TO THE AMOUNT OF THE TAX RELIEF. THE APPLICANT OR AGENT-IN-FACT ALSO UNDERSTANDS THAT THE TAX RELIEF LIEN IS DUE AND PAYABLE WHEN THE PROPERTY FOR WHICH RELIEF HAS BEEN GRANTED CHANGES OWNERSHIP TO A PERSON OR ENTITY THAT WAS NOT INCLUDED IN THE TAX RELIEF APPLICATION.
THE SIGNATURE BELOW SIGNIFIES THAT THIS AFFIDAVIT HAS BEEN READ AND UNDERSTOOD.

12. SIGNATURE OF APPLICANT OR AGENT-IN-FACT: DATE SIGNED: TELEPHONE NUMBER OF SIGNER:

13. STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY
[] THIS APPLICATION IS APPROVED
[] THIS APPLICATION IS DENIED FOR THE FOLLOWING REASON(S): _____
SIGNATURE OF THE ASSESSOR OR MEMBER OF THE ASSESSOR'S STAFF DATE SIGNED

14. DEFERMENT CALCULATION
A. GROSS ASSESSMENT (INCLUDE ALL CODES) A. \$ _____
B. TOTAL EXEMPTIONS B. \$ _____
C. NET ASSESSMENT (LINE A MINUS LINE B) C. \$ _____
D. CURRENT MILL RATE D. \$ _____
E. CURRENT TAX BILL (LINE C TIMES LINE D) E. \$ _____
F. PREVIOUS YEAR TAX BILL F. \$ _____
G. AMOUNT OF TAX FREEZE (LINE E MINUS LINE F) G. \$ _____