

Renter's Rebate 2021

The State of Connecticut's Elderly and Disabled Tax Renters Rebate Program will be administered between **Wednesday April 1, 2021 – Thursday October 1, 2021**

Applications for Canton residents are processed through the Senior & Social Services Office

STATE OF CT RENTERS REBATE HOTLINE: 860.418.6377

Residents eligible to receive Renter's Rebate must meet the following requirements:

1. You must be **65 years old** by December 31, 2020 **OR** 18 years of age or older **and** receiving Social Security Disability/SSI.

2. You must have rented an apartment or house in CT during 2020 and currently reside in Canton.

Note: *It is not required that you lived in Canton all of 2020, but you must have been a CT resident for the full year.*

3. Your Gross total income in 2020 must not exceed:

\$37,600 if single or **\$45,800** if married

➤ In order to make sure your application is fully completed you **MUST** send in proof of all income and housing/heating/utility expenses. (**complete checklist on back of flyer**)

➤ Please **MAKE** copies of all of your expense and income documents that will be used to process your application. **** Originals will not be mailed back**

➤ If you are homebound and unable to leave your home without assistance, a Power of Attorney or Conservator may act as your agent and have the application completed on your behalf

***Caregivers:** *Please remember to send in legal documentation proving your relationship to the Applicant*

GATHER SUPPORTING PAPERWORK (CHECKLIST ON BACK). PROVIDE YOUR UTILITY ACCOUNT INFO, SIGN & DATE THE INCLUDED APPLICATION FORM AND MAIL THE APPLICATION TO:

Canton Senior & Social Services, 40 Dyer Avenue, Collinsville, CT 06019

OR place in the secure black Drop Box located outside the building, on the right side of the glass entry doors to the Community Center / Senior Center

Applications will be processed as they come into the office. Notification will be mailed once your application has been processed

INFORMATION NECESSARY FOR COMPLETING YOUR RENTERS' REBATE
APPLICATION

****Please sign and date the application & mail it in with the supporting paperwork OR leave it in the secure Drop Box located outside the building, on the right side of the glass entry doors to the Community Center/Senior Center***

Originals will NOT be returned

- As proof of Rental Payment, EITHER:
 - twelve (12) rent receipts or copies of checks/money orders;
 - or** a letter from landlord/property manager detailing total rent paid during the year ending December 2020

- Statements from utility companies (gas, electric) companies detailing amounts paid in 2020
 - **EVERSOURCE** (electric) 1.800.286.2000

<https://www.eversource.com/> **Account Number:** _____

 - **Connecticut Natural Gas** (gas) 860.524.8361

www.cngcorp.com **Account Number:** _____

- Receipts or Canceled checks indicating total amount paid out for deliverable fuel (oil, propane, wood) for entire Calendar Year Jan-Dec 2020

- Heating Assistance Award Letter for 2020 / 2021 if you heat with a deliverable fuel

- Proof of all 2020 income, including Social Security, pension, and bank interest

- Copy of your income tax for 2020, if you filed

- Proof of your disability allowance in 2020 from Social Security, if you are disabled

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APPLICATION FOR RENTER'S
REBATE OF ELDERLY RENTERS

AND TOTALLY DISABLED PERSONS

_____ RENTER

FILING PERIOD APRIL 1 - OCT. 1

1. NAME (Last)	(First)	(Middle Initial)	YOUR BIRTH DATE (Mo., Day, Yr)	YOUR SOCIAL SECURITY NO.
			/ /	- -
2. SPOUSES NAME (Last)	(First)	(Middle Initial)	SPOUSES BIRTH DATE (Mo, Day, Yr)	SPOUSES SOCIAL SECURITY NO.
			/ /	- -
3. PRESENT MAILING ADDRESS (No. and Street)		CITY OR TOWN (Don't Abbreviate)		STATE ZIP CODE
4. RENTAL ADDRESS IN CT IF DIFFERENT THAN ABOVE		CITY OR TOWN		STATE ZIP CODE
5. FILING STATUS :				
CHECK ONLY ONE : <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> SURVIVING SPOUSE (AGE 50 TO 65) PROOF REQUIRED				
IF SPOUSE IS A RESIDENT OF A HEALTH CARE OR A NURSING HOME FACILITY IN CT AND ON TITLE XIX <u>PROOF REQUIRED</u>		NURSING HOME CHECK HERE: <input type="checkbox"/>		IF APPLICANT IS TOTALLY DISABLED <u>CURRENT</u> <u>PROOF REQUIRED</u> CHECK HERE: <input type="checkbox"/>
6. WHAT % OF RENT AND UTILITIES DO YOU PAY? (Husband and Wife are considered to be one (1) renter) %				
7. TOTAL RENT AND UTILITIES ACTUALLY PAID BY APPLICANT/APPLICANTS \$				
8. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR LAST YEAR? <input type="checkbox"/> - YES (Attach Copy) <input type="checkbox"/> - NO				
9. PUBLIC ASSISTANCE RECIPIENTS PLEASE NOTE: You may receive LESS than the TENTATIVE GRANT on Line 20 below.				
10. DID YOU RENT IN CONNECTICUT FOR THE ENTIRE CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		11. IF THE ANSWER TO (10) IS "NO", ENTER DATES YOU RENTED:		Starting Mo, Yr Ending Mo, Yr
12. INCOME RECEIVED DURING LAST CALENDAR YEAR:				
A. GROSS INCOME - Includes: Federal Gross Income or its equivalent. Such as, but not limited to, wages, lottery winnings, taxable pensions, IRA's, interest, dividends and net rental income (exclude depreciation).			A.\$ _____	
B. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds			B.\$ _____	
C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - Add Medicare premiums (Attach SSA 1099)			C.\$ _____	
D. ANY INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income, Veteran's Pensions, Veteran's Disability Payments, and any other income not listed above.			D.\$ _____	
SPECIFY SOURCE OF INCOME:			E. TOTAL Add lines 12A through 12D E.\$ _____	
APPLICANT'S/ AUTHORIZED AGENT'S AFFIDAVIT	The applicant or authorized agent deposes that the above statements are true and complete and claims tax relief under provisions of the Connecticut General Statutes. The property for which tax relief is claimed, is the permanent residence/domicile of the applicant. He/she is not receiving State Elderly tax benefits under section 12-129b, section 12-170aa, in any town. I grant permission to the Department of Social Services to release to the Office of Policy and Management information necessary to help determine my eligibility. The penalty for making a false affidavit is the refund of all credits improperly taken and a fine of \$500.00 or imprisonment for one year, or both. Your signature signifies that this affidavit has been read and understood.			
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT	Date signed (Mo, Day, Yr)	APPLICANT'S OR AGENT'S PHONE NO.	AGENT'S RELATIONSHIP	
X	____/____/____	Area Code ()		

STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY

13. Amount of rent and utilities paid from Line 7 \$		x .35	\$
14. CREDIT COMPUTATION: QUALIFYING INCOME			
<input type="checkbox"/> FULL YEAR - \$		x .05 (OR)	<input type="checkbox"/> PART YEAR - \$
		X (NO. MONTHS / 12) x .05 =	\$
15. Subtract Line 14 from Line 13. If zero or negative amount, there is no benefit. Enter -0- on Line 20.			\$
16. Indicate table used: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married			
17. MAXIMUM CREDIT ALLOWED			
A. <input type="checkbox"/> FULL YEAR: amount per table (OR) B. <input type="checkbox"/> PART YEAR: amount per table X (No. of Months() / 12 =)		\$	
18. Enter amount on Line 15 or Line 17, whichever is LESS			\$
19. Minimum per table			\$
20. Enter GREATER of Line 18 or 19: TENTATIVE GRANT (Subject to review by Off. of Policy and Management)			\$
ASSESSOR'S AFFIDAVIT	___ - I am satisfied that the above named applicant meets all the necessary statutory requirements ___ - 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.)		
	____/____/____		

Distribution: Original - Assessor Copy - Applicant Copy - OPM

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