

OFFICE OF THE ASSESSOR
(203) 622-7885
2004 GRAND LIST

TOWN HALL
101 FIELD POINT ROAD
GREENWICH, CT 06830

LOCAL OPTION FOR ELDERLY TAX RELIEF

TOWN OF GREENWICH

COMPLETE AND RETURN DURING THE FILING PERIOD: Feb 1st thru May 16, 2005

PARCEL ID NUMBER: _____ Telephone _____

Owner Names: _____ Birth Date _____

_____ Birth Date _____

Property Address: _____

- 1 Applicant is a resident of the Town of Greenwich at time of application. Yes No
- 2 Applicant has been a taxpayer of the Town for at least one (1) year immediately proceeding the receipt of tax relief under this Ordinance. How many total years? _____ Yes No
- 3 Applicant occupied property as PRINCIPAL RESIDENCE, for more than 183 days (6 months) during the twelve months immediately prior to the filing of this application. Yes No
- 4 Applicant's Percent Ownership is 100%. OR what percent _____ % Yes No
- 5 Applicant is 65 years of age or over as of 12/31/2004. OR Applicant is 60 years of age or over as of 12/31/2004 and is the Surviving spouse of a taxpayer qualified for tax relief at the time of his/her death. Proof of age required for new Applicants. Yes No
- 6 Does applicant or his/her spouse owe taxes or sewer charges to the Town of Greenwich in the fiscal year immediately preceding the fiscal year for which the credit is applied? Yes No
- 7 Applicant has applied for tax relief under State of Connecticut Statutes. Yes No
If NO, please state reason _____
- 8 If Co-op owner, # of shares owned _____ Total shares issued _____ Documentation is required. What percent of the property is rented to others? _____%. Is the property for sale? Yes No

Attach a copy of the signed **2004 IRS Form 1040**, 1040A, or 1040EZ.

If **no IRS filing is required**, complete, sign and return the enclosed **Affidavit**.

Attach copies of all other income sources, including **2004 1099 Social Security Statement**,

Non-taxable: **interest, annuities, retirement plans, dividends**, etc. See ORDINANCE for specifics.

Combined credits/exemptions cannot exceed 75% of taxes due.

SWORN AFFIDAVIT: The above named applicant, or authorized agent, pledges and affirms that the above statements are true and complete and claims tax relief under provisions of the Town of Greenwich Tax Relief of the Elderly Ordinance. APPLICATIONS ARE SUBJECT TO AUDIT.

SIGNATURE _____ DATE _____ STAFF _____