

**CITY OF DERBY**  
**OFFICE OF THE ASSESSOR**  
City Hall  
1 Elizabeth Street  
Derby, CT 06418

PHONE (203) 736-1455  
FAX (203) 736-1480

February 2, 2026

Dear Taxpayer:

Applications for the Elderly and Totally Disabled Tax Relief Program (Circuit Breaker) will be accepted beginning **February 2, 2026 through May 15, 2026..**

This program is available to homeowners who **were 65 years of age on or before December 31, 2025.** It is also available to homeowners, regardless of age, who are declared totally disabled by Social Security Administration, so long as proof of disability is provided.

Veterans who are eligible for additional benefits should file at the same time, as should those eligible for additional disability benefits.

**Income limitations are 56,500 for a married couple and 46,300 for a single person.** Income includes wages, pensions, Social Security, interest on savings, and all other income received during the 2025 calendar year.

**Proof of all income must accompany the application.** This includes your 2025 Social Security statement, pension statement, interest and any other source of income.

Applicants who file a Federal Income Tax Return must present a completed copy when applying.  
**Applicants must complete their 2025 Federal Income Tax Return before applying for the tax relief program.**

**Please note: You can mail, e-mail or drop off your completed application accompanied with the proof of income.**

**Derby City Hall Assessor's Office**  
**1 Elizabeth St..**  
**Derby, CT 06418**

**E-MAIL:**

[lculmo@derbyct.gov](mailto:lculmo@derbyct.gov)  
[bquist@derbyct.gov](mailto:bquist@derbyct.gov)

For further information please call 736-1455

Sincerely,

Betsy Quist

**APPLICATION FOR TAX CREDITS**  
**ELDERLY AND TOTALLY DISABLED HOMEOWNER**

FILING PERIOD: FEBRUARY 1st through MAY 15th

**OWNER**  
**GRAND LIST**

1. NAME (Last)		(First)	(Middle Initial)	YOUR BIRTH DATE	YOUR SOCIAL SECURITY NO.		
2. SPOUSE'S NAME (Last)		(First)	(Middle Initial)	SPOUSE'S BIRTH DATE	SPOUSE'S SOCIAL SECURITY NO.		
3. MAILING ADDRESS		CITY/TOWN		STATE	ZIP		
4. PROPERTY ADDRESS (if different than above)			CITY/TOWN	STATE	ZIP	OTHER NAME ON PROPERTY	
5. FILING STATUS:		CIVIL UNION				SURVIVING SPOUSE (AGE 50 TO 65) PROOF REQUIRED	
CHECK ONLY ONE:		MARRIED	UNMARRIED				
IF SPOUSE IS A RESIDENT OF A HEALTH CARE OR A NURSING HOME FACILITY IN CT AND ON TITLE XIX <u>CURRENT PROOF REQUIRED</u>			CHECK HERE:		IF APPLICANT IS TOTALLY DISABLED <u>CURRENT PROOF REQUIRED</u> CHECK HERE:		
6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR?						YES (Attach Copy)	NO
7. CT QUALIFYING 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, pensions, IRA withdrawals, interest, dividends, and net rental income (excluding 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 OTHER INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, Veteran's Disability Pensions, and any other income not listed above. D. \$ _____							
E. TOTAL Add lines 7A through 7D E. \$ _____							
8. 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 or section 12-170d, in any town. The penalty for making a false affidavit is the refund of all credits improperly taken and a fine of not more than \$500.00. Your signature signifies that this affidavit has been read and understood.					
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT X		DATE		APPLICANT'S or AGENT'S PHONE NO.		AGENT'S RELATIONSHIP	
<b>STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY</b>							
9. Date Application Received:		10. Total percentage of property (in fee or in life use) owned by this applicant %		14. Allowable Table Percentage: %			
_____/_____/____		_____%		_____%			
PROPERTY'S GROSS ASMT: \$ _____		APPLICANT'S GROSS ASMT: \$ - * _____		15. Credit Maximum: a. Line 13 <b>or</b> **13a X Line 14 \$ _____ b. Table Ceiling X Line 10 \$ _____			
Subtract Exemptions for:		Blind - _____	Disabled - _____	16. a. Lesser of Line 15a or 15b \$ _____ b. Minimum Grant \$ _____			
* Based on % of ownership		Veteran's - _____	Local Options - _____	17. CREDIT AMOUNT Greater of 16a or 16b \$ _____			
Add'l Vets - _____							
11. Net Assessment (based on APPLICANT'S GROSS ASMT. minus total exemptions) (MUST agree with the continuation sheet) \$ _____							
12. Mill Rate:		13. Amount of Property Tax: <b>or</b> **13a. Amount of Frozen Tax: <b>**NOTE: If local option freeze program is offered by municipality you must enter frozen tax amount in Box 13a and Box 15a</b>					
		\$ _____		\$ _____			
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: _____ {Per Connecticut General Statutes Section 12-170cc an applicant has the right to appeal the Assessor's decision to the Secretary of OPM, in writing, within 30 business days from the date of notice given by the Assessor}					
SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF						Date	