

RENTER REBATE 2022

Application for Elderly and Totally disabled Renter's Rebate will be accepted beginning **Monday April 3, 2023 through Friday September 29, 2023**. Applications are included with this letter.

This program is available to renters who were 65 of age on or before December 31, 2022, It is also available to renters, regardless of age, who are **declared totally disabled by Social Security Administration, so long as proof of disability is provided.**

Income limitations are 49,100 for a married couple and 40,300 for a single person.

PROOF OF ALL INCOME AND EXPENSES MUST ACCOMPANY THE APPLICATION.

INCOME includes wages, pensions, social security, interest on savings, and all other income received during the 2022 calendar year. Applicants who file a Federal Tax Return must present a completed copy when applying.

EXPENSES include proof of rent paid for the **FULL YEAR of 2022** as well as a Utility payment history for the **FULL YEAR of 2022** (Heat, Gas, Electric).

For Payment History:

UI 1-800-722-5584 or www.uinet.com

Eversource 1-800-286-2000 or www.eversource.com

ONCE YOU HAVE ALL YOUR INFORMATION YOU CAN DROP IT OFF AT THE ASSESSOR'S OFFICE. IT IS ALWAYS BEST TO CALL AHEAD TO MAKE SURE SOMEONE IS AVAILABLE TO TAKE THE INFORMATION 203-736-1455.

YOU CAN ALSO MAIL IN THE INFORMATION TO:

**RENTERS REBATE
ASSESSOR'S OFFICE
1 ELIZABETH ST
DERBY, CT 06418**

EMAIL: lculmo@derbyct.gov
bquist@derbyct.gov

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	IF APPLICANT IS TOTALLY DISABLED <u>CURRENT</u> <u>PROOF REQUIRED</u>	TOTALLY DISABLED CHECK HERE: <input type="checkbox"/>
		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 X	Date signed (Mo, Day, Yr) ____/____/____	APPLICANT'S OR AGENT'S PHONE NO. Area Code ()	AGENT'S RELATIONSHIP	

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.) ____/____/____



STATE OF CONNECTICUT

*OFFICE OF POLICY AND MANAGEMENT
INTERGOVERNMENTAL POLICY and PLANNING DIVISION*

Date: December 5, 2022

To: Assessors and Municipal Agents

From: Patrick Sullivan, Assoc. Fiscal Administrative Officer

Subject: QUALIFYING INCOME–PROGRAM YEAR 2022

The following tables show the levels of qualifying income for the Elderly and Totally Disabled Tax Relief Program applications to be filed in the year 2023. These levels are to be used for the 2022 Grand List Homeowner and Renter Rebate applications, 2023 Grand List Additional Veteran’s applications and may be used for any local option programs.

PLEASE NOTE: Homeowner applications that were taken for the 2021 G/L (RENEWALS) are calculated for the 2022 G/L using the 2021 qualifying income schedule, NOT the schedule below.

Homeowners
Income and Grant Information –2022 Benefit Year
Filing period February 1 - May 15, 2023

Income		Tax Credit %		Tax Credit Maximum		Tax Credit Minimum	
Over	To	Married	Unmarried	Married	Unmarried	Married	Unmarried
\$-0-	\$20,200	50%	40%	\$1,250	\$1,000	\$400	\$350
20,200	27,100	40	30	1,000	750	350	250
27,100	33,800	30	20	750	500	250	150
33,800	40,300	20	10	500	250	150	150
40,300	49,100	10	-0-	250	-0-	150	-0-

Renters
Income and Grant Information – 2022 Benefit Year
Filing period April 1 – October 1, 2023

Income		Maximum Rebate		Minimum Rebate	
Over	To	<u>Married/Single</u>		<u>Married/Single</u>	
\$-0-	\$ 20,200	\$900	\$700	\$400	\$300
20,200	27,100	700	500	300	200
27,100	33,800	500	250	200	100
33,800	40,300	250	150	100	50
40,300	49,100	150	-0-	50	-0-

(Over)

The standard monthly premium for Medicare Part B enrollees will be \$170.10 for 2022. Annual Medicare premiums for the year 2022 therefore, are \$2,041.20 for a single applicant and \$4,082.40 for married applicants. WE CONTINUE TO REQUIRE A FORM SSA1099, OR IT'S EQUIVALENT FOR EACH HOMEOWNER AND RENTER APPLICANT TO BE PROVIDED AT THE INTAKE SITE.

The Additional Veterans' exemption for income qualifying applicants for the 2023 G/L will be based on the following income maximums: The maximum for single applicants will be \$40,300.00; the maximum for married applicants will be \$49,100.00. Also, if applicable in your municipality, the LOCAL OPTION exemption for the Totally Disabled, Blind and Veterans' programs may use these income maximums.

100% V. A. determined Disabled Veterans will continue to use \$18,000.00 for single applicants and \$21,000.00 for married applicants (adjusted gross income only; non-taxable Social Security Income is not considered).

The FREEZE program income limit remains at \$6,000.00; adjusted gross income only. Social Security Income, United States Postal System and Railroad Retirement pensions are not counted as income towards the income limit for the FREEZE program.

If there are any questions regarding any of the income limits stated above, please call me at (860) 418-6406 or e-mail at patrick.j.sullivan@ct.gov

c: Martin Heft, OPM

Duke Chen, OLR, L.O.B., Room 5300 (860-240-8433)

Christopher Perillo and Robert Wysock, OFA, L.O.B., Room 5200 (860-240-0200)

Jennifer Bernier, CT Legislative Library, L.O.B., Room 5400 (860-240-8888)