

## RENTER REBATE 2023

Application for Elderly and Totally disabled Renter's Rebate will be accepted beginning **Monday April 1, 2024 through Tuesday October 1, 2024**. Applications are included with this letter.

This program is available to renters who were 65 of age on or before December 31, 2023, 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 53,400 for a married couple and 43,800 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 2023 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 2023** as well as a Utility payment history for the **FULL YEAR of 2023** (Heat, Gas, Electric).

### **For Payment History:**

UI 1-800-722-5584 or [www.uinet.com](http://www.uinet.com)

Eversource 1-800-286-2000 or [www.eversource.com](http://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](mailto:lculmo@derbyct.gov)  
[bquist@derbyct.gov](mailto:bquist@derbyct.gov)

**STATE OF CONNECTICUT - OFFICE OF POLICY AND MANAGEMENT  
APPLICATION FOR RENTER'S REBATE  
OF ELDERLY RENTERS AND TOTALLY DISABLED PERSONS**

M-35R \_\_\_\_\_ RENTER

FILING PERIOD APRIL 1 - OCT. 1

1. NAME (Last)	(First)	(Middle Initial)	BIRTH DATE (Mo, Day, Yr)	SOCIAL SECURITY NO.
2. SPOUSES NAME (Last)	(First)	(Middle Initial)	SPOUSE BIRTH DATE (Mo, Day, Yr)	SPOUSE SOCIAL SECURITY NO.
3. PRESENT MAILING ADDRESS		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: MARRIED    UNMARRIED    CIVIL UNION    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:	IF APPLICANT IS TOTALLY DISABLED <u>CURRENT PROOF REQUIRED</u>
				TOTALLY DISABLED CHECK HERE:
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?			YES (Attach Copy)	NO
9. <u>PUBLIC ASSISTANCE RECIPIENTS PLEASE NOTE:</u> You may receive LESS than the TENTATIVE GRANT on line 20 below.				
10. DID YOU RENT IN CONNECTICUT FOR THE ENTIRE CALENDAR YEAR? YES 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.\$ _____
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.	AGENT'S RELATIONSHIP	

**DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR OR AGENT USE ONLY**

13. Amount of rent and utilities paid from Line 7 \$		X .35	\$ _____
14. CREDIT COMPUTATION: QUALIFYING INCOME			
FULL YEAR \$	x.05 (OR)	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:		Unmarried	Married
17. MAXIMUM CREDIT ALLOWED			
FULL YEAR: amount per table (OR)	PART YEAR: amount per table X (NO. 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 OR AGENT 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 AGENT:			Date signed (Mo.,Day,Yr.) _____



# STATE OF CONNECTICUT

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

Date: December 1, 2023

To: Assessors and Municipal Agents

From: Patrick Sullivan, Assoc. Fiscal Administrative Officer

Subject: QUALIFYING INCOME FOR TAX RELIEF PROGRAM YEAR 2023

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 2024. These levels are to be used for the 2023 Grand List [Homeowners' - Elderly/Disabled \(Circuit Breaker\) Tax Relief Program](#) and [Renters' Rebate For Elderly/Disabled Renters Tax Relief Program](#) applications, 2024 Grand List [Veterans' Additional Exemption Tax Relief Program](#) applications and may be used for any local option programs.

PLEASE NOTE: Homeowner applications that were taken for the 2022 G/L (RENEWALS) are calculated for the 2023 G/L using the 2022 qualifying income schedule, NOT the schedule below.

**Homeowners**  
**Income and Grant Information –2023 Benefit Year**  
**Filing period February 1 - May 15, 2024**

Income		Tax Credit %		Tax Credit Maximum		Tax Credit Minimum	
<u>Over</u>	<u>To</u>	<u>Married</u>	<u>Unmarried</u>	<u>Married</u>	<u>Unmarried</u>	<u>Married</u>	<u>Unmarried</u>
\$-0-	\$22,000	50%	40%	\$1,250	\$1,000	\$400	\$350
22,000	29,500	40	30	1,000	750	350	250
29,500	36,700	30	20	750	500	250	150
36,700	43,800	20	10	500	250	150	150
43,800	53,400	10	-0-	250	-0-	150	-0-

**Renters**  
**Income and Grant Information – 2023 Benefit Year**  
**Filing period April 1 – October 1, 2024**

Income		Maximum Rebate		Minimum Rebate	
<u>Over</u>	<u>To</u>	<u>Married/Single</u>		<u>Married/Single</u>	
\$-0-	\$ 22,000	\$900	\$700	\$400	\$300
22,000	29,500	700	500	300	200
29,500	36,700	500	250	200	100
36,700	43,800	250	150	100	50
43,800	53,400	150	-0-	50	-0-

The standard monthly premium for Medicare Part B enrollees will be \$164.90 for 2023. Annual Medicare premiums for the year 2023 therefore, are \$1,978.80 for a single applicant and \$3,957.60 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 2024 G/L will be based on the following income maximums: The maximum for single applicants will be \$43,800.00; the maximum for married applicants will be \$53,400.00. 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](mailto:patrick.j.sullivan@ct.gov)

Cc: Martin Heft, OPM

Christine Goupil, OPM

Duke Chen, OLR, L.O.B., Room 5300 (860-240-8437)

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)