

LYME ELDERLY TAX RELIEF

Grand List Year

20__**1. Applicant's name**

1a. Social security number

Last

First

Middle

2. Co-applicant's name

2a. Social security number

3. Residence address

Street name & #

City or town

State

Zip Code

4. Mailing address**5. Qualifying requirements**A. Filing status Married Single Civil Union Disabled or SurvivorB. Age C. Residency (# years) D. Ownership percentage **Qualification Limit**

Age 65 and over, 5 year residency

6. Income received during previous calendar year _____

A. Taxable income

A. \$.....

B. Non-taxable income

B. \$.....

C. Social Security or Railroad Retirement income

C. \$.....

D. Any income not included above (Describe)

D. \$.....

E. Total of lines 6A through 6D - **Qualifying Income**

E. \$.....

 Claiming medical expenses adjustment**Qualification Limit**

\$40,000 Single, \$47,500 Married/Civil Union

7. Applicant's or Authorized Agent's Affidavit

The applicant or authorized agent deposes that all the above statements are true and complete. The maker of a false affidavit/statement shall be subject to such fines, penalties and/or imprisonment as provided by law. Your signature signifies that this affidavit has been read and understood.

Signature of applicant or agent_____
Date signed_____
Telephone #_____
Agent's relationship**8. Documentation submitted** Federal tax form _____ State tax form _____ Other _____**9. Assessor's Affidavit** Applicant first qualified for tax relief in _____

Tax that year

 Applicant and/or co-applicant have no tax liability in arrears to the town This claim is approved and the tax relief is applied to **Real Estate Tax ID #**

Tax due before benefit

Benefit amount

 This claim is disallowed for the following reason __________
Signature of the Assessor_____
Date signed