



# LOCAL OPTION FREEZE APPLICATION

\_\_\_\_\_ GRAND LIST

Filing period: February 1—May 15

Return to: ASSESSOR, Town of Pomfret, 5 Haven Road, Pomfret Center, CT 06259

(860) 974-1674

To qualify for the Local Option Freeze Program, you must meet the following requirements:

- Be 70 years old as of the previous December 31st.
- Reside in Pomfret for at least one year prior to filing the claim
- Must be a real property owner and occupy such as his or her home as primary residence (or maintain life use)
- Submit proof of qualifying income to include spouse's income
- Income proof must be taxpayer's federal income tax return & the federal income tax return of such taxpayer's spouse, if filed separately, for the taxable year ending immediately prior to the submission of the application. If not required to file a federal income tax return, such other evidence of qualifying income must be provided and approved by the Assessor. We require a Form SSA1099 (Social Security Administration Benefit Statement) or its equivalent for each homeowner.

Name \_\_\_\_\_

Your Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Social Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Filing Status (check only one): Married  Unmarried

Did you or will you file a federal tax return for the last calendar year? Yes  No

### INCOME RECEIVED DURING LAST CALENDAR YEAR:

- |  |          |
|--|----------|
| A. Gross Income; includes Federal Adjusted Gross Income or its equivalent. Also includes but is not limited to wages, lottery winnings, taxable pensions, IRA's, interest, dividend and net rental income                                      | \$ _____ |
| B. Non-Taxable Interest—Example: Interest from Tax Exempt Government Bonds   | \$ _____ |
| C. Social Security or Railroad Retirement Income—Add Medicare premiums (Attach SSA 1099)   | \$ _____ |
| D. Any income not reflected in the above—Examples: Federal Supplemental Security Income, State of CT public assistance payments, General Assistance, Veteran's Pensions, Veteran's Disability Payments, and any other income not listed above. | \$ _____ |
| Total Income:  | \$ _____ |

Applicant's Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ (Reason)

Assessor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
 Current Net Assessment X Current Mil rate = Frozen Tax