



STATE OF CONNECTICUT  
OFFICE OF POLICY AND MANAGEMENT

Renters' Rebate Applicant:

The CT Office of Policy and Management (OPM) would like to make you aware of some important issues concerning the Renters' Rebate Program:

- Rebate checks will be sent out **NO EARLIER THAN October 31, 2021**. Your check should arrive by November 20, 2021. Please DO NOT CALL looking for your check before November 20, 2021.
- If you move after applying for the Renters' Rebate and your current mailing address is different from the mailing address on your application please contact the person or place where you applied for the Renters' Rebate. **You may not receive your Rebate check if we do not have your current mailing address.**
- Rebate recipients do not receive their checks all at the same time. Someone you know may receive their check before or after you do depending on when you applied and when the check is mailed out.
- The amount of the rebate you receive may not be the same as the amount calculated on your application if you received cash assistance from the Connecticut Department of Social Services (DSS) in the year 2020. Applicants will have their Renters' Rebate reduced based on their amount of DSS assistance. Contact your DSS case worker for details about your DSS assistance amount.
- If you applied for and received HOMEOWNERS' PROPERTY TAX RELIEF BENEFITS you are NOT entitled to a Renters' Rebate.
- If you receive your Rebate check and lose it please notify us about the lost check immediately. We cannot start a trace for the lost check until thirty (30) days after the day you notify us.
- Legislation passed in the 2016 session allowing for the reduction of renters rebate grants if claims exceed what is provided in the state budget for the program. **THEREFORE, THE ESTIMATED CALCULATED GRANT SHOWN ON YOUR APPLICATION MAY BE SUBJECT TO REDUCTION.**

If you should have any questions, you may contact OPM at (860) 418-6377 or Toll Free at 800-617-8889. However, please wait until November 20, 2021 before calling.



# STATE OF CONNECTICUT

OFFICE OF POLICY AND MANAGEMENT  
INTERGOVERNMENTAL POLICY and PLANNING DIVISION

Date: December 3, 2020  
 To: Assessors and Municipal Agents  
 From: Patrick Sullivan, Assoc. Fiscal Administrative Officer  
 Subject: QUALIFYING INCOME-PROGRAM YEAR 2020

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 2021. These levels are to be used for the 2020 Grand List Homeowner and Renter Rebate applications, 2021 Grand List Additional Veteran's applications and may be used for any local option programs.

PLEASE NOTE: Homeowner applications that were taken for the 2019 G/L (RENEWALS) are calculated for the 2020 G/L using the 2019 qualifying income schedule, NOT the schedule below.

**Homeowners**  
**Income and Grant Information –2020 Benefit Year**  
**Filing period February 1 - May 15, 2021**

Income		Tax Credit %		Tax Credit Maximum		Tax Credit Minimum	
Over	To	Married	Unmarried	Married	Unmarried	Married	Unmarried
\$-0-	\$18,900	50%	40%	\$1,250	\$1,000	\$400	\$350
18,900	25,300	40	30	1,000	750	350	250
25,300	31,500	30	20	750	500	250	150
31,500	37,600	20	10	500	250	150	150
37,600	45,800	10	-0-	250	-0-	150	-0-

**Renters**  
**Income and Grant Information – 2020 Benefit Year**  
**Filing period April 1 – October 1, 2021**

Income		Maximum Rebate		Minimum Rebate	
Over	To	Married/Single		Married/Single	
\$-0-	\$ 18,900	\$900	\$700	\$400	\$300
18,900	25,300	700	500	300	200
25,300	31,500	500	250	200	100
31,500	37,600	250	150	100	50
37,600	45,800	150	-0-	50	-0-

(Over)

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.)