

**TOWN OF EAST HAMPTON**  
**APPLICATION FOR PROPERTY TAX FREEZE**

LOCAL OPTION – CGS #12-170v + 12-170w

Filing Period: February 1<sup>st</sup> – May 15<sup>th</sup>

October 1, 2019 **GRAND LIST**

1. NAME (Last)	(First)	(Middle Initial )	Your Birth Date (Mo, Day, Yr)	YOUR SOCIAL SECURITY NO
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2. SPOUSES NAME (Last)	(First)	(Middle Initial)	Spouses Birth Date (Mo, Day, Yr)	Spouses Social Security No.
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3. Mailing Address (No and Street)	City and Town	State	Zip Code
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4. Property Address (No and Street) Only if different from 3.	City or Town	State	Zip Code
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5. Filing Status:

Check only one: ☐ Married ☐ Unmarried ☐ Surviving Spouse Age 62 to 70 of Previously Approved Applicant

6. Did or Will You File A Federal Tax Return For the Grand List Year? ☐ YES (Attach Copy) ☐ NO

7. Income Received During Last Calendar Year:

- a. GROSS INCOME – Examples: Wages, Bonuses, Commissions, Fees, Gratuities, Payment for Jury Duty (Excluding travel allowance). Lottery winnings, Taxable portion of Annuities and Pensions (including Veteran's). Taxable portion of IRA's, Interest, Dividends, Net Rent or proceeds from sale of property, etc. If you are required to file a Federal Income Tax Return, enter the amount of Adjusted Gross Income and Attach a copy of the return to this application. a.\$ \_\_\_\_\_
- b. SOCIAL SECURITY or ANY OTHER INCOME. b.\$ \_\_\_\_\_
- c. **TOTAL** (Add lines 7a and line 7b) c.\$ \_\_\_\_\_

8. APPLICANTS/ 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 and East Hampton Town Ordinance. 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 12-70aa or section 170d, in any other town. 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	Date signed (Mo, Day, Yr.)	Applicant's or agents phone #	Agent's relationship
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**STOP! DO NOT WRITE BELOW THIS LINE – FOR ASSESSOR'S USE ONLY**

9. Date Application Received	Mo. / Day / Year	10. Account Number	11. Gross Assessment\$	Percentage X of Ownership	% = \$
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Applicant's Gross Assmt	Subtract Exemptions for:	Blind Disabled Veterans Local options Add'l Vets	\$ _____ x _____ =	<b>APPLICANT'S PROPERTY TAX</b>	\$ _____
			Net assessment Mill Rate		

12. a. **Grand List Frozen Tax Amount**..... \$ \_\_\_\_\_

ADJUSTMENTS TO FROZEN TAX :

- b. Add (s) 1. Assessed value of improvement(s) \_\_\_\_\_ Lesser of current or X frozen mill rate \_\_\_\_\_ = + \_\_\_\_\_  
2. Amount of lost exemptions \_\_\_\_\_ X mill rate of year granted \_\_\_\_\_ = + \_\_\_\_\_
- c. Subtraction(s) 1. Sec 12-81g additional veteran's exemption amount \_\_\_\_\_ X current mill rate \_\_\_\_\_ = - \_\_\_\_\_
- d. OTHER (List) \_\_\_\_\_ X current mill rate \_\_\_\_\_ = - \_\_\_\_\_
- e. State Reimbursed Elderly Tax Relief Am't \$ \_\_\_\_\_ Total b. through e .....\$ \_\_\_\_\_

\*\* ONCE ESTABLISHED, CONTINUE USING THIS FIGURE:

e. This Year's Adjusted Frozen Tax: \$ \_\_\_\_\_

13. Subtract line 12e (Adjusted frozen tax) from line 11 ( <b>PROPERTY TAX</b> )	<b>FROZEN TAX AMOUNT</b>	\$ _____
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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: \_\_\_\_\_

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF

Date signed (Mo., Day, Yr.)