



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