TOWN of REDDING, CT

2026GL APPLICATION for LOCAL TOWN BENEFIT

UNDER TOWN OF REDDING ORDINANCE CHAPTER 370 ARTICLE I - ADOPTED 6/18/1975

Application Accepted February 01 to May 15, 2027

HOMEOWNER _____ **BIRTH DATE**_____

SPOUSE NAME _____ **BIRTH DATE**_____
(If the last names are different, attach marriage certificate)

HOMEOWNER Property Address_____ Purchase Date__/__/____

Is your property in a TRUST or LLC? YES NO If yes, provide a copy of the agreement

____ ATTACH Connecticut Driver's License copy(s) OR a photo ID with date of birth

IRS Filing Status (X choice): ____ Married ____ Unmarried/Single ____ Civil Union

1) Have you resided at and paid the real estate taxes on your residence in Redding for a period of three (3) years prior to this application? (circle one) **YES NO**

2) Is this property for which the benefit is being claimed your legal domicile and do you occupy the residence more than 183 days of each calendar year? **YES NO**

   a) Do you own other property (in town, in CT, in other State)? **YES NO**
   b) If yes, please provide full property address(s) below:

   _____

3) Do you share ownership of this property with anyone other than your spouse listed above? If yes, please provide your percentage of ownership and their name(s): **YES NO**
   _____% Name(s): _____

4) Have you applied for tax relief under any State Statute for which you are eligible? **YES NO**
   If NO, please check the corresponding option below:

Application for Tax Relief administered by the State of CT has NOT been made for the following reasons:

_____ I have reviewed the income guidelines, and I exceed the qualifying limits or choose not to apply
_____ I did not reach 65 years of age by December 31st of last year
_____ I am not the legal owner as of October 1st of last year

Application can be mailed, dropped off, or a PDF doc emailed to pferraina@**reddingct**.gov

In accordance with C.G.S. § 12-129c(b); the above-named applicant, or authorized agent, under penalty for false statement deposes to and states that the above statements are true and complete:

_____ _____
Signature - Applicant or Authorized Agent **Signature -** Spouse or Authorized Agent

_____ _____ _____ _____
Telephone Number Date Telephone Number Date

_____ _____
Applicant email address or Authorized Agent Spouse or Authorized Agent email address

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