



TOWN OF NEWINGTON

200 Garfield Street Newington, Connecticut 06111

Assessor's Office

Town Assessor

January 26, 2026

Dear Newington Homeowner:

This is your renewal year for filing of the State & Local Tax Credit Applications, and/or Additional Veteran Exemption Applications.

If you wish to submit your Homeowners Tax Credit and/or Additional Veteran Applications in Person – Please submit at the Assessor's Office at 200 Garfield Street, Newington.**

Please read all instructions carefully.

Proof of Income is required for the above programs by submitting the following:

- **2025 FEDERAL INCOME TAX RETURN**
- **2025 SOCIAL SECURITY 1099 END OF YEAR STATEMENTS**
- **If you are no longer required to file a tax return with the IRS then all sources of income statements must be provided. This would include all end of year statements from all sources.**

Maximum Income allowed for the State and Local Homeowners Tax Credit Program; and State Additional Veteran (Income Based):
Single- \$46,300 / Married- \$56,500

Maximum Income allowed for the Local Additional Veteran Program:
Single- \$53,800 / Married- \$64,000

If you are classified by V.A. as 100% disabled, the qualifying income level for the Additional Veteran's Program is \$21,000 maximum for a married couple, and \$18,000 for a single person.

DEADLINE FOR FILING FOR HOMEOWNERS TAX CREDIT PROGRAM IS FRIDAY, MAY 15, 2026.

DEADLINE FOR FILING FOR ADDITIONAL VETERANS IS September 30, 2026.

Applications must be in our office by the due date.

FILING INSTRUCTIONS

- Line 2 please enter birth date numerically; MM/DD/YEAR.
- Line 5-Enter your marital status as of the end of 2025 (If your spouse passed away in the last year or this year, prior to applying, check the MARRIED box. To file as UNMARRIED, you must meet one of the following criteria: 1) Never been married, 2)

Divorced, 3) Legally Separated, 4) Widow or widower. Civil Unions will be recognized for purposes of filing as MARRIED.

Health care facility or nursing home resident: If your or your spouse was on Title XIX and was a resident of a health care facility in Connecticut during the last year, you need not include his/her Social Security benefits for the months he/she was such a resident. **Attach a letter on the Nursing Home letterhead** stating the dates of residency and Title XIX status. An official of the Nursing Home must sign the letter.

Disabled: If you are under 65, you must be on Social Security Disability or any other federal, state or local government disability plan, Railroad Retirement Act, or government related teacher's disability plan determined comparable by OPM in order to qualify for the Tax Relief program. Attach your current SSA 1099 and/or current award letter or other acceptable proof of disability (e.g., TPQY).

Line 7A-D: Enter joint income of both spouses if you are married.

YOU ARE REQUIRED TO SUBMIT PROOF OF YOUR INCOME BY LAW TO THE ASSESSOR OR AGENT BEFORE HE/SHE CAN ACCEPT AND CERTIFY YOUR CLAIM. This proof may consist of a copy of your Federal Income Tax Return, bank statements which show interest earned, statements received from trust accounts, dividend earnings statements, statements from the Social Security Administration (e.g., Form SSA-1099 [required]).

IMPORTANT: RETAIN ALL RECORDS RELATING TO THE INCOME STATEMENT YOU COMPLETED ON THE APPLICATION FORM FOR A PERIOD OF AT LEAST TWO (2) YEARS. Auditors from the Office of Policy and Management will conduct random income verifications each year, and you may be called upon to provide such records and statements.

BENEFIT TABLE FOR STATE & LOCAL HOMEOWNER'S TAX CREDIT:
(Effective Spring 2023-Local ordinance was passed for the Town Tax Credit Benefit to match the State)

INCOME		TAX CREDIT AS % OF TAX		TAX CREDIT CEILING		MINIMUM	
Over	Not Exceeding	Married	Unmarried	Married	Unmarried	Married	Unmarried
\$0	\$23,300	50%	40%	\$1,250	\$1,000	\$400	\$350
\$23,300	\$31,200	40%	30%	\$1,000	\$750	\$350	\$250
\$31,200	\$38,800	30%	20%	\$750	\$500	\$250	\$150
\$38,800	\$46,300	20%	10%	\$500	\$250	\$150	\$150
\$46,300	\$56,500	10%	0%	\$250	\$0	\$150	\$0

If you need assistance to complete the application or to make copies of your documents, please let us know.

Sincerely,

Assessor's Office

APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER

FILING PERIOD: FEBRUARY 1st through MAY 15th

OWNER
GRAND LIST

1. NAME (Last)		(First)	(Middle Initial)	YOUR BIRTH DATE	YOUR SOCIAL SECURITY NO.	
2. SPOUSE'S NAME (Last)		(First)	(Middle Initial)	SPOUSE'S BIRTH DATE	SPOUSE'S SOCIAL SECURITY NO.	
3. MAILING ADDRESS		CITY/TOWN		STATE	ZIP	
4. PROPERTY ADDRESS (if different than above)			CITY/TOWN	STATE	ZIP	OTHER NAME ON PROPERTY
5. FILING STATUS: <input type="checkbox"/> CIVIL UNION CHECK ONLY ONE: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <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>CURRENT PROOF REQUIRED</u>			IF APPLICANT IS TOTALLY DISABLED <u>CURRENT PROOF REQUIRED</u>		CHECK HERE: <input type="checkbox"/>	
6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR? <input type="checkbox"/> YES (Attach Copy) <input type="checkbox"/> NO						
7. CT QUALIFYING 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, pensions, IRA withdrawals, interest, dividends, and net rental income (excluding 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 OTHER INCOME NOT REFLECTED IN THE ABOVE - Examples: Federal Supplemental Security Income, State of Connecticut public assistance payments, Veteran's Disability Pensions, and any other income not listed above. D.\$ _____						
E. TOTAL Add lines 7A through 7D						
E. \$ <u>0.00</u>						
8. 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 or section 12-170d, in any town. The penalty for making a false affidavit is the refund of all credits improperly taken and a fine of not more than \$500.00. Your signature signifies that this affidavit has been read and understood.				
SIGNATURE OF APPLICANT OR AUTHORIZED AGENT <u>X</u>		DATE	APPLICANT'S or AGENT'S PHONE NO.		AGENT'S RELATIONSHIP	
STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY						
9. Date Application Received: _____ / _____ / _____		10. Total percentage of property (in fee or in life use) owned by this applicant _____ %		14. Allowable Table Percentage: _____ %		
PROPERTY'S GROSS ASMT: \$ _____		APPLICANT'S GROSS ASMT: \$ _____ *		15. Credit Maximum: a. Line 13 or **13a X Line 14 \$ _____ b. Table Ceiling X Line 10 \$ _____		
Subtract Exemptions for: Blind - _____ Disabled - _____ Veteran's - _____ Local Options - _____ Add'l Vets - _____				16. a. Lesser of Line 15a or 15b \$ _____ b. Minimum Grant \$ _____		
* Based on % of ownership				17. CREDIT AMOUNT Greater of 16a or 16b \$ _____		
11. Net Assessment (based on APPLICANT'S GROSS ASMT. minus total exemptions) (MUST agree with the continuation sheet) \$ _____						
12. Mill Rate: _____		13. Amount of Property Tax: or **13a. Amount of Frozen Tax: **NOTE: If local option freeze program is offered by municipality you must enter frozen tax amount in Box 13a and Box 15a				
ASSESSOR'S AFFIDAVIT		<input type="checkbox"/> I am satisfied that the above named applicant meets all the necessary statutory requirements <input type="checkbox"/> This claim is disallowed for the following reason: _____ {Per Connecticut General Statutes Section 12-170cc an applicant has the right to appeal the Assessor's decision to the Secretary of OPM, in writing, within 30 business days from the date of notice given by the Assessor}				
SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF				Date		