

COPY RECEIVED
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TOWN CLERK'S OFFICE

MINUTES

Senior Citizens Tax Relief Program Committee

Wednesday, June 11, 2008 @ 6:45 PM

Flaherty Room/Seymour Town Hall

Members present: First Selectman Robert J. Koskelowski, Ronald Skurat, Lucy McConologue, and Michele Pavlik.

Not present: Desiree' Pidlipchak.

Others present: Assistant Assessor, Priscilla Altorelli.

- First Selectman Robert J. Koskelowski opened the meeting at 6:45PM.

ITEM # 1 - Pledge of Allegiance.

Everyone saluted the Flag and stated the Pledge of Allegiance.

ITEM # 2 - Discussion of 2008/2009 Senior Tax Abatement Program.

A memo from Assistant Assessor Priscilla Altorelli states that this 2008/2009 year 359 homeowners are eligible for the Town program. A total of \$50,000 had been budgeted for this program and each homeowner that owns 100% of their property will receive a benefit of \$135.00. Homeowners with less than 100% ownership will receive a benefit that will be prorated by their percentage of ownership.

ITEM # 3 - Take action on 2008/2009 Senior Tax Abatement Program.

Motion to approve the 2008/2009 Senior Tax Abatement Program for 359 qualified homeowners for a benefit of \$135.00.

Motion: Ronald Skurat

Second: Michele Pavlik

Vote: 4-Yes

0-No

0-Abstain

0-Disqualify

Ron Skurat passes out literature to the committee members about other tax freeze/abatement programs in other communities. Some are much higher than Seymour. Michele Pavlik states that you must look at the tax basis and ratio of the other communities.

Robert Koskelowski states that our Town has a flexible program and if funds are available we will help and if not we won't. Also for a complete tax freeze for seniors the Town would have to go to referendum and if that passes the Town would have to put liens on all of the homes. The Town of Seymour is ahead of a lot of other communities as far as our senior tax abatement programs because we are \$10,000 more than the State guidelines.

ITEM # 4 - Adjournment.

Motion to adjourn at 7:06PM.

Motion: Ronald Skurat

Second: Michele Pavlik

Vote: 4-Yes

0-No

0-Abstain

0-Disqualify

Submitted by

Deirdre Caruso



**TOWN OF SEYMOUR
OFFICE OF THE ASSESSOR
1 FIRST STREET
SEYMOUR, CT. 06483
203-881-5013
203-881-5005 fax**

May 20, 1008

To: Robert Koskelowski
First Selectman

From: Priscilla Altorelli
Assistant Assessor

Subject: Town Homeowners Program

Please be advised that this year 359 homeowners are eligible for the Town Program. With \$50,000 budgeted for this program, homeowners who have 100% ownership of their property will receive a benefit of \$135.00. Homeowners with less than 100% ownership will received a benefit which will be prorated by their percentage of ownership.

cc: J. Kusiak, Assessor
R. Anderson, Tax Collector
D. Thomas, Finance Director

THE LEGISLATIVE BODY OF THE TOWN OF SEYMOUR HEREBY APPROVES ADDITIONAL TAX RELIEF FOR QUALIFIED HOMEOWNERS AS PER CT STATE STATUE 12-129n, COMMENCING WITH THE 10/1/04 ASSESSMENT YEAR. TO QUALIFY FOR SUCH BENEFITS, AN APPLICANT OR HIS SPOUSE AS OF OCTOBER 1ST MUST:

I) BE THE RECORD OWNER OR HOLD LIFE USE AND RESIDE IN SUCH REAL PROPERTY FOR ONE YEAR PRIOR TO THE ABOVE DATE AND BE THE RECORD OWNER OR HOLD LIFE USE AND RESIDE IN SUCH REAL PROPERTY WHEN TAX IS DUE FOR SUCH PROGRAM YEAR. (ANY PROPERTY HELD IN TRUST DOES NOT QUALIFY).

IIA) BE AT LEAST 65 YEARS OR OLDER AS OF DECEMBER 31ST WHICH FOLLOWS ABOVE OCTOBER 1ST DATE OR BE THE SURVIVING SPOUSE OF AT LEAST 60 YEARS OF AGE AT THE TIME OF SPOUSE'S DEATH WHO HAD BEEN RECEIVING BENEFITS PER THIS ORDINANCE.

B) OR BE RECEIVING PERMANENT TOTAL DISABILITY FROM EITHER THE SOCIAL SECURITY ADMINISTRATION OR A FEDERAL, STATE, OR LOCAL GOVERNMENT RETIREMENT OR DISABILITY PLAN (INCLUDING THAT PROVIDED BY THE RAILROAD RETIREMENT ACT) AND ANY GOVERNMENT RELATED TEACHER'S RETIREMENT PLAN, CONTAINING QUALIFIED REQUIREMENTS COMPARABLE TO THOSE OF THE SOCIAL SECURITY ADMINISTRATION.

MAXIMUM QUALIFYING INCOME FOR MARRIED OR SINGLE APPLICANTS SHALL BE \$10,000 ABOVE THE MAXIMUM QUALIFYING INCOME AS SET BY THE STATE OF CT ELDERLY AND TOTALLY DISABLED TAX RELIEF PROGRAM FOR SUCH PROGRAM YEAR.

THE AMOUNT OF BENEFIT FOR THIS PROGRAM TO QUALIFIED APPLICANTS SHALL BE \$100 IN TAX RELIEF. IN THE CASE OF ELIGIBLE APPLICANT'S WHO QUALIFY FOR THE STATE RELIEF PROGRAM, AS PER STATUTE 12-129b TO 12-129d AND 12-170aa, THIS BENEFIT SHALL BE IN ADDITION TO SUCH BENEFITS.

THE FILING PERIOD IS FEBRUARY 1ST THRU MAY 15TH NEXT FOLLOWING ABOVE OCTOBER 1ST DATE, BIENNIALY.

ANY SUBSEQUENT CHANGES TO INCOME LEVELS OR BENEFITS MAY BE APPROVED BY SEYMOUR'S LEGISLATIVE BODY ON RECOMMENDATION OF ITS BOARD OF FINANCE WITHOUT COMPLIANCE OF INITIAL APPROVAL OF THIS ORDINANCE AS SET OUT PER CT STATE STATUE 12-129n(b).

PLEASE PRINT OR TYPE

GRAND LIST
OWNER

TOWN OF SEYMOUR
APPLICATION FOR TAX CREDITS
ELDERLY AND TOTALLY DISABLED HOMEOWNER
FILING PERIOD FEBRUARY 1ST THROUGH MAY 15TH

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 N
_____/_____/_____ - -

3. MAILING ADDRESS (No. and Street) CITY OR TOWN (Don't Abbreviate) STATE ZIP CODE

4. PROPERTY ADDRESS (No. and Street) CITY OR TOWN STATE ZIP CODE OTHER NAME ON PROPERTY
ONLY IF DIFFERENT FROM 3 ABOVE

5. FILING STATUS:

CHECK ONLY ONE: () Married () Unmarried () Surviving spouse (age 60 to 65) PROOF REQUIRED

IF SPOUSE IS A RESIDENT OF A HEALTH CARE NURSING HOME IF APPLICANT IS TOTALLY TOTALLY DISABLED
OR A NURSING HOME FACILITY IN CT AND DISABLED CURRENT
ON TITLE XIX PROOF REQUIRED CHECK HERE () PROOF REQUIRED CHECK HERE ()

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 – Includes: Federal Adjusted Gross income or its equivalent. Also includes, but is not limited to wages lottery winnings, taxable pensions, IRA's, interest, dividends and net rental income. 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, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, Veteran's Disability Payments, and any other income not listed above. D.\$ _____
- EXPLAIN OTHER: _____ E. TOTAL Add lines 7A through 7D 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-12-129d or 12-170aa in any town. Your signature signifies that this affidavit has been read and understood.

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT Date signed (Mo,Day,Yr) APPLICANTS OR AGENTS PHONE NO. AGENTS RELATIONSHIP
X _____/_____/_____ () _____ (INCL. AREA CODE)

ASSESSOR'S _____ Approved
AFFIDAVIT _____ Disapproved for the following reason: _____

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF Date signed (Mo., Day,Yr.)
_____/_____/_____

BENEFIT AMOUNT _____