



Danbury Senior Center
10 Elmwood Place
Danbury, CT 06810
203-797-4686
Fax: 203-796-1645
www.danburyseniors.org
t.dasilva@danbury-ct.gov

RENT REBATE PROGRAM

(April 1-October 1)

ATTENTION

APPLICATIONS AND SUPPORTING
DOCUMENTS WILL BE ONLY ACCEPTED BETWEEN
APRIL 1-SEPTEMBER 20, 2024.

Incomplete applications will be returned

*Completed applications may be dropped off, emailed, faxed, or mailed to
the address above.*

Renters Rebate for Elderly & Totally Disabled

State law provides a reimbursement program for Connecticut renters who are elderly or totally disabled, and whose incomes do not exceed certain limits.

Persons renting an apartment or room, or living in cooperative housing or a mobile home may be eligible for this program.

Renters' rebates can be up to \$900 for married couples and \$700 for single persons. The renters' rebate amount is based on a graduated income scale and the amount of rent and utility payments (excluding telephone) made in the calendar year prior to the year in which the renter applies.

Application may be made at between April 1st and October 1st.

Who is Eligible?

The **Connecticut Renters' Rebate Program** maximum income for a **single** person to qualify is **\$43,800** or **\$53,400** for a **married couple**. In addition to meeting the criteria above, applicants must meet:

1. a one-year state residency requirement;
2. be 65 years old or older or under 65 years and eligible to receive social security disability benefits by December 31, 2023.
3. If you're 50 years old or above and the surviving spouse of a renter who at the time of the renters' death had qualified and was entitled to the rebate, you may reapply.
4. To be eligible, recipients must meet the qualifications.

AND TOTALLY DISABLED PERSONS
FILING PERIOD APRIL 1 - OCT. 1

RENTER

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 NO.
3. PRESENT MAILING ADDRESS (No. and Street)		CITY OR TOWN (Don't Abbreviate)			STATE ZIP CODE
4. RENTAL ADDRESS IN CT IF DIFFERENT THAN ABOVE		CITY OR TOWN			STATE ZIP CODE
5. FILING STATUS:					
CHECK ONLY ONE: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> SURVIVING SPOUSE (AGE 50 TO 65) PROOF REQUIRED					
IF SPOUSE IS A RESIDENT OF A HEALTH CARE NURSING HOME IF APPLICANT IS TOTALLY TOTALLY DISABLED DISABLED CURRENT CHECK HERE: <input type="checkbox"/>					
OR A NURSING HOME FACILITY IN CT AND ON TITLE XIX PROOF REQUIRED CHECK HERE: <input type="checkbox"/>					
6. WHAT % OF RENT AND UTILITIES DO YOU PAY? (Husband and Wife are considered to be one (1) renter) %					
7. TOTAL RENT AND UTILITIES ACTUALLY PAID BY APPLICANT/APPLICANTS \$					
8. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR LAST YEAR? <input type="checkbox"/> - YES (Attach Copy) <input type="checkbox"/> - NO					
9. PUBLIC ASSISTANCE RECIPIENTS PLEASE NOTE: You may receive LESS than the TENTATIVE GRANT on Line 20 below.					
10. DID YOU RENT IN CONNECTICUT FOR THE ENTIRE CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		11. IF THE ANSWER TO (10) IS "NO", ENTER DATES YOU RENTED:		Starting Mo, Yr	Ending Mo, Yr
12. 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, taxable pensions, IRA's, interest, dividends and net rental income (exclude depreciation). A.\$ _____ B.\$ _____ C.\$ _____ D.\$ _____ E.\$ _____					
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, Veteran's Pensions, Veteran's Disability Payments, and any other income not listed above.					
E. TOTAL Add lines 12A through 12D					
SPECIFY SOURCE OF INCOME:					
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, section 12-170aa, in any town. I grant permission to the Department of Social Services to release to the Office of Policy and Management information necessary to help determine my eligibility. 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 AGENT'S PHONE NO. AGENT'S RELATIONSHIP	

Sign Here



Renters' Rebate Program Checklist

Acceptable forms of documents to be attached to Rent Rebate application.
Provide ONLY what applies to you

***WILL NOT BE ACCEPTED:** paystubs, monthly bills, money order, cable bills, or lease.

	<p>Identification</p> <ul style="list-style-type: none">○ ID/Driver's License○ Passport○ Disability Award Letter
	<p>Proof of Annual Income:</p> <ul style="list-style-type: none">○ 2023 Tax Return (Required if filed) <p style="text-align: center;">OR</p> <ul style="list-style-type: none">○ Social Security (1099 Form)○ SSI (Supplemental Social Security)○ Pension○ Wages, W-2 Form○ Other Income: (Trust fund, interest, annuity, dividends) _____
	<p>Proof of Rent: (Provide one)</p> <ul style="list-style-type: none">○ Print out from Property Management Company○ Landlord Verification Document (see attached)○ COPIES ONLY- 12 months rent check (2023 only)
	<p>Utilities:</p> <ul style="list-style-type: none">○ Eversource payment history for 2023 (Call 1-800-286-2000)○ Oil Company payment history for 2023
	<ul style="list-style-type: none">○ Signed and completed application



Renter's Rebate Program

LANDLORD VERIFICATION FORM

(To be filled out by the landlord)

Please call 203-797-4686 x2, Tamires DaSilva for further questions

TENANT NAMES & ADDRESS: (Include Other names on lease)	
LENGTH OF RESIDENCY	Tenant has lived in listed address during the following months: <input type="radio"/> Full year <input type="radio"/> Some months (please include months) _____
RENT TENANT PAID IN 2023	\$ _____
LANDLORD	Name: _____ Phone Number: _____ Email: _____ Signature: _____
APPLICANT:	Signature: _____ <i>I am acknowledging that all information is true and correct. 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.</i>