

TOWN OF SALEM

LOCAL OPTION TAX RELIEF FOR THE ELDERLY & DISABLED

Filing Period: February 1st – May 15th

Real Estate Parcel ID# _____

Grand List Year _____

Applicant's Name

Date of Birth

Social Security #

Spouse's Name

Date of Birth

Social Security #

Primary Residence Address

(City or Town)

(State)

(Zip Code)

Mailing Address (If different from Primary Address)

Filing Status:

☐ Married or ☐ Unmarried

☐ Surviving Spouse (Attach Proof of Age 60-65)

☐ Totally Disabled (Attach Current Proof)

Is the Property Your Primary Residence? ☐ Yes ☐ No Percent of Ownership, if Less than 100% _____

Federal Income Tax Return: Did you file or will you file?

☐ Yes (Attach **COMPLETE** Copy) ☐ No (Attach All Proof of Income Plus Social Security Benefits)

Income Received During Last Calendar Year

A. Taxable Income

A. \$ _____

B. Non-Taxable Income

B. \$ _____

C. Social Security or Railroad Retirement Income

C. \$ _____

D. Any Other Income – Describe _____

D. \$ _____

TOTAL \$ _____

Applicant's Or Authorized Agent's Affidavit

The applicant or authorized agent deposes that all the above statements are true and complete and claims tax relief under provisions of the Town of Salem Ordinance. The property, for which the tax relief is claimed, is the permanent residence/domicile of the applicant. He/she is not receiving State Elderly Tax Benefits under Section 12-229B, Section 12-17D, in any town. The penalty for making a false affidavit is the refund of all credits improperly taken and any such fines, penalties and or imprisonment as provided by law. Your signature signifies that this affidavit has been read and understood.

Signature of Applicant or Authorized Agent	Date Signed	Phone Number	Agent's Relationship
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