



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-September 30)

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 PROGRAM

PUBLIC ACT 24-132 CHANGES EFFECTIVE JULY 1, 2024



- **Application Deadline is now Monday, September 30th.**
- **All applications must be received by the municipality's assessor's office or social service agency not later than September 30th.**
- **There is no longer a provision to request an extension of time to file due to a medical condition.**
- **Renter Rebate Payment Checks will be processed by November 30th.**






**CONNECTICUT'S
RENTERS'
REBATE
PROGRAM**
For Elderly and Disabled Renters

The State provides reimbursements to elderly or disabled renters in need. These rebates can be up to \$900 for married couples and \$700 for individuals.

APPLICATION PERIOD
April 1st – September 30th

FOR INFORMATION
Visit <https://portal.ct.gov/OPM>
Hotline 860.418.6377

Applications can be made to your town social service agency or the Assessor's Office

450 Capitol Avenue
Hartford, CT 06106
Phone: 860-418-6355

[ct.gov/opm](https://portal.ct.gov/OPM)

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.~~
September 30th

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.

STATE OF CONNECTICUT - OFFICE OF POLICY AND MANAGEMENT
 APPLICATION FOR RENTER'S REBATE
 OF ELDERLY RENTERS AND TOTALLY DISABLED PERSONS

M-35R _____ RENTER

FILING PERIOD APRIL 1 - SEPTEMBER 30

| | | | | | |
|---|--|---------------------------------|--|----------------------------------|----------------------------|
| 1. NAME (Last) | | (First) | (Middle Initial) | BIRTH DATE (Mo, Day, Yr) | SOCIAL SECURITY NO. |
| 2. SPOUSES NAME (Last) | | (First) | (Middle Initial) | SPOUSE BIRTH DATE (Mo, Day, Yr) | SPOUSE SOCIAL SECURITY NO. |
| 3. PRESENT MAILING ADDRESS | | 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 CHECK HERE: <input type="checkbox"/> OR A NURSING HOME FACILITY IN CT AND ON TITLE XIX PROOF REQUIRED <input type="checkbox"/> IF APPLICANT IS TOTALLY DISABLED CURRENT PROOF REQUIRED <input type="checkbox"/> TOTALLY DISABLED 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 RECIPIENT'S 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. 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, Veteran's Pensions, Veteran's Disability Payments, and any other income not listed above. D.\$ _____ | | | | | |
| E. TOTAL Add lines 12A through 12D E.\$ 0.00 | | | | | |
| 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 im properly 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. | | | | | |
| APPLICANT'S/AUTHORIZED AGENT'S AFFIDAVIT | | Date signed (Mo, Day, Yr) | | APPLICANT'S OR AGENT'S PHONE NO. | |
| SIGNATURE OF APPLICANT OR AUTHORIZED AGENT | | | | 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> |

Please answer both statements: (Optional)

Select one or more racial categories:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Select one or more of the ethnic categories:

- Not Hispanic or Latino
- Hispanic or L

Thank you for those who participated in survey! This survey helps fund a grant to help hire more staff to help with Renters Rebate Program!