



Danbury Senior Center  
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# **RENT REBATE PROGRAM**

## **(April 1-September 30)**

**ATTENTION**

**APPLICATIONS AND SUPPORTING  
DOCUMENTS WILL BE ONLY ACCEPTED BETWEEN  
APRIL 1-SEPTEMBER 19, 2025.**

**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 who's income 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 rebate 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 1<sup>st</sup> and September 30<sup>th</sup>.

### **Who is Eligible?**

**The Connecticut Renters' Rebate Program** maximum income for single person to qualify is **\$45,200 or \$55,100** for 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, 2024.
3. If you're 50 years old or above and the surviving spouse of a renter who at the time of the renter's death had qualified and was entitle to the rebate, you may reapply.
4. To be eligible, recipients must meet the qualifications.

# 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 OR A NURSING HOME FACILITY IN CT AND ON TITLE XIX PROOF REQUIRED CHECK HERE: <input type="checkbox"/> IF APPLICANT IS TOTALLY DISABLED CURRENT 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 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
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)	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.

### Identification:

- ID/Driver's License
- Passport

**If you are not 65 years, please provide Disability Letter:**

- Disability Award Letter

### Proof of Annual Income:

- 2024 Tax Return (Required if filed)
- OR**
- Social Security (1099 Form)
  - SSI (Supplemental Social Security)
  - Pension
  - Wages, W-2 Form
  - Other Income: (Trust fund, interest, annuity, dividends) \_\_\_\_\_

### Proof of Rent: (Provide one)

- Print out from Property Management Company
- Landlord Verification Document (see attached)
- COPIES ONLY- 12 months' rent check (2024 only)

### Utilities:

- Ever source payment history for 2024 (Call 1-800-286-2000)
- Oil Company payment history for 2024

- 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 2024	\$ _____
UTILITIES	Are utilities included in rent? YES NO  If not included, then please include Ever source payment history.
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>