

Town of Chester
Office of the Assessor
203 Middlesex Avenue
Chester, CT 06412-1200



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HOMEOWNER'S LOCAL TAX ABATEMENT APPLICATION
Filing Period February 1 through May 15

Grand List

Last Name	First Name	MI	Date of Birth	Social Security No.
Mailing Address		Town	State	Zip Code
Property Address (If Different From Above)		Town	State	Zip Code

Age as of December 31, _____:

Years of Residency (at the property location
for which the tax abatement is being sought): _____ + _____

Total: _____ = _____ (Qualifying Percentage)

Affidavit

If the total benefit for the state and the town exceeds in the aggregate 75% of the total property tax due the town of Chester shall be required to establish a lien on such property. Any such lien including any interest shall have a priority in the settlement of such person's estate pursuant to CGS §12-129n (f). If the above applicant meets the criteria for a lien to be placed on the real estate and wishes to refuse the lien please check here: X No lien

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 §12-129n (f). The property for which tax relief is claimed, is the **permanent residence/domicile of the applicant**. The penalty for making a false affidavit is the refund of all credits improperly taken. Your signature signifies that this affidavit has been read and understood.

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

STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY

State Benefit (from M-35H): _____ X (Times) Qualifying Percentage _____ % = (Equals)

Local Benefit _____ Total Benefit (State + Local) _____

Town of Chester Total Taxes Due: _____ Exceeds 75% _____ Yes _____ No

Processed by _____ in the Chester Assessor Office Date: _____