



## BROOKFIELD WPCA ELDERLY/DISABLED DEFERRAL APPLICATION

DATE	ADDRESS OF PROPERTY TO BE DEFERRED
MAILING ADDRESS	

1. LEGAL OWNER'S NAME (Printed)	PHONE NUMBER
OWNER'S SIGNATURE	DATE OF BIRTH

2. LEGAL OWNER'S NAME (Printed)	PHONE NUMBER
OWNER'S SIGNATURE	DATE OF BIRTH

3. LEGAL OWNER'S NAME (Printed)	PHONE NUMBER
OWNER'S SIGNATURE	DATE OF BIRTH

The applicant or authorized agent deposes that the above information is true and complete and claims tax relief under provisions of the CT General Statutes. The property for which tax relief is claimed is the permanent residence/domicile of the applicant.

**STOP! DO NOT WRITE BELOW THIS LINE - FOR WPCA USE ONLY**

<b>FOR WPCA USE ONLY</b>			
ACCT#	BILLING YEAR	ENDING YEAR OF ASSESSMENT	
TOTAL ASSESSMENT AMOUNT	IS ASSESSMENT CURRENT?	IS USE CURRENT?	
\$	Y _____ N _____	Y _____ N _____	
DEFERRED INTEREST AMOUNT	DEFERRED PRINCIPAL AMOUNT		
\$	\$		
SIGNATURE OF ADMINISTRATOR/CHAIRMAN	DATE		

<b>FOR ASSESSOR USE ONLY</b>	
HAS APPLICANT BEEN APPROVED FOR TOWN BENEFITS?	Y _____ N _____
SIGNATURE OF ASSESSOR/ASST. ASSESSOR	DATE

<b>FOR TAX COLLECTOR USE ONLY</b>	
ARE APPLICANTS PROPERTY TAXES CURRENT?	Y _____ N _____
SIGNATURE OF TAX COLLECTOR/ASST. TAX COLLECTOR	DATE