OFFICE OF POLICY AND MANAGEMENT

QUESTION AND ANSWER BOOKLET

FOR THE ELDERLY AND

TOTALLY DISABLED

RENTERS' TAX RELIEF PROGRAM

2009

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QUESTIONS AND ANSWERS

REGARDING THE TAX RELIEF PROGRAM FOR ELDERLY AND TOTALLY DISABLED RENTERS

BASIC INFORMATION AND REQUIREMENTS

1. Q WHAT BASIC REQUIREMENTS AND CONDITIONS MUST A RENTER MEET TO BE ELIGIBLE FOR A GRANT UNDER THE TAX RELIEF PROGRAM, (SECTION 12-170d), IN THE STATE OF CONNECTICUT?

A. (1) Claimant must have resided in Connecticut for any one-year period prior to filing an application for a partial rebate of his/her rent and utility bills. (Also see Question **9**.)

(2) Claimant, or spouse if domiciled together, must have been 65 years of age by the end of the calendar year preceding the filing period; or be 50 years of age or older and the surviving spouse of a renter, who at the time of his/her death, had qualified and was entitled to tax relief under this chapter, provided the spouse was domiciled with the renter at the time of his/her death. Responsibility for proof rests with the surviving spouse. Persons under 65 years of age who are receiving Social Security Disability or disability benefits deemed comparable by the Secretary of the Office of Policy and Management are also eligible (Government or Railroad disability plans). (Also see Questions **4** and **6**). Applications filed under the **disability provision** must be accompanied by **current proof** of disability. Acceptable proofs include:

- SSA-1099 showing Medicare deduction
- SSA-1099 <u>w/o Medicare</u> **but applicant is under 62 and claim # is same as SS#.**
- Current (within 3 years of application year) award letter from Social Security Administration.
- A computer-generated message from Social Security that states the person is disabled and indicates the amount of payment (TPQY).
- Other proof of permanent and total disability from a federal, state, municipal, or other government related program deemed comparable to Social Security by the Secretary of the Office of Policy and Management.

(3) Claimant's qualifying income in the calendar year 2008 must not exceed $30,500 if unmarried, or $37,300 if married or other (see Question **2**). For married couples or other (see Question **2**), unless legally separated (see Question **37**), income for both husband and wife must be counted in establishing qualifying income, <u>REGARDLESS OF LIVING ARRANGEMENTS</u>. (Also see <u>INCOME</u>: Question **24**)

(4) Claimant **may** have received financial aid or subsidy from state, county or municipal funds. The cash assistance received, if less than the Renter's Rebate, will be deducted from the check, **provided it leaves $10.00 or more**. If the check is not $10.00 or more it will not be sent.

(5) Five percent (5%) of claimant's qualifying income must not exceed thirty-five percent (35%) of his/her total rental and utility payments**.** **<u>If it does, there will be no Rebate check</u>**. (Also see <u>COMPUTATION OF CREDITS DUE</u>: Question **53**.)

2. Q. MAY PARTICIPANTS IN A STATE OF CONNECTICUT SANCTIONED CIVIL UNION, OR SAME SEX MARRIAGE, RECEIVE STATE TAX RELIEF BENEFITS AS A SPOUSE THE SAME AS MARRIED COUPLES?

A. Yes. Please see Question **24** for Income treatment. Also, survivor benefits apply.

3. Q. WHAT IS THE FILING PERIOD, AND WHERE MUST CLAIMS BE FILED?

A. Any renter, believing him/herself entitled to a grant in partial refund of utility and rent bills he/she has paid during the 2008 calendar year, must make application to the Assessor or the designated Municipal Agent of the municipality in which he/she resides, between **May 15** and **September 15, 2009.** Renters must apply for Tax Relief benefits on an annual basis.

4. Q. WHEN MUST A CLAIMANT HAVE REACHED 65 YEARS OF AGE, IN ORDER TO FILE A CLAIM UNDER SECTION 12-170d?

A. A renter, or his/her spouse, if they are domiciled together, must have been 65 years of age, or older, at the close of the calendar year for which a grant is claimed. Renters filing for a grant based on rental and utility expenses incurred in 2008, must have been at least 65 years of age as of December 31, 2008, (i.e., such persons must have been born on or before December 31, 1943). The calendar year for which a partial refund of rents and utilities paid is claimed, is also known as the benefit year. Qualified totally disabled persons are between the ages of 18 and 64 years of age only.

5 . Q. WHAT SOCIAL SECURITY DOCUMENTS ARE ACCEPTABLE AS PROOF OF DISABILITY?

A. Proof of disability must be for the benefit year. (1) The best proof of disability is an SSA-1099 form showing Medicare premiums. Disabled persons are not allowed to receive Medicare until they have been disabled for a period of 2 years; **however, if applicant is under 62, an SSA-1099 form w/o Medicare is acceptable if the claim SS# (box 8) is the same as the SS# (box 5)**. (2) A TPQY form that can be requested from Social Security is acceptable providing it is for the benefit year and indicates that the individual is disabled. The words "eligible since [date]" will be sufficient. (3) A form (TPQY or other) from Social Security showing that applicant received Supplemental Security Income (SSI) benefits during the benefit year. (4) A current (within three years) Award Letter.

6. Q. ARE DISABLED PERSONS **<u>NOT</u>** COLLECTING <u>SOCIAL SECURITY</u> DISABILITY BENEFITS ELIGIBLE FOR THE RENTERS' PROGRAM?

A. Yes. Another government disability plan **may** be acceptable if deemed comparable to requirements under Social Security. Proof required would be a statement from Social Security (SS) stating that the person has not been engaged in employment covered by SS and accordingly has not qualified for benefits thereunder. The term "denied" alone is not acceptable. The denial may have been for **not**

meeting medical requirements. Along with the above, the applicant must provide a **government** related document for the current benefit year stating benefits are for **100%** total and permanent disability. Disabled veterans must meet all of the above requirements.

7. Q. IS A DOCTOR'S STATEMENT ACCEPTABLE AS PROOF OF DISABILITY?

   A. Not usually, but it can be used along with other documentation to validate the disability. The doctor's statement must say: **"I know the requirements for Social Security Disability and (patient name) meets those requirements"** (see exhibit of the acceptable State form).

8. Q. ARE VETERANS' DISABILITY BENEFITS ACCEPTABLE AS PROOF OF DISABILITY?

   A. Veterans' disability benefits may be acceptable. Veterans may obtain a statement that they have applied for Social Security disability benefits and have been found to be disabled under SS regulations. The veteran may choose to receive VA benefits rather than SS benefits. A veteran deemed disabled through the VA may not necessarily be deemed disabled under SS regulations. In addition to the above requirements, proof submitted from the VA must be current and indicate **l00**% permanent and total disability. There are different degrees of disability assigned to veterans.

9. Q. MUST THE CLAIMANT HAVE RESIDED IN CONNECTICUT FOR THE ONE YEAR PERIOD IMMEDIATELY PRECEDING THE FILING OF HIS/HER CLAIM?

   A. No. The one-year residency requirement applies to **any** one-year period. For example, a person who lived in Connecticut from 1961 to 1962, who moved to New York and subsequently returned to Connecticut, where he/she became a renter as of August 1, 2008, would still be eligible to file an application for a partial year Renter grant during the 2009 filing period. The Assessor or the designated Town Agent has the right and obligation to ask for proof of prior residency.

10. Q. HOW ARE GRANTS HANDLED FOR PEOPLE WHO SHARE RENT PAYMENTS WITH PEOPLE OTHER THAN THEIR SPOUSE?

    A. Two or more people sharing rent and utility payments may each be eligible for a benefit under this program, but the credit due each claimant is apportioned according to his/her proportionate share of expenses (Section 12-170d). Only married, same sex married, or civil union couples' names may appear on one application. When sharing a rental unit with another person (sibling, child, parent, etc.) other than one's spouse, each applicant must fill out an individual application. (Also see COMPUTATION OF CREDITS DUE: Question **56**.) When an elderly applicant lives with a disabled adult child, 1/2 of the total expenses must be considered for each applicant (Line 7 of application). "50%" should be entered on Line 6 of the application. Each adult (18 and older) should be considered as a sharing participant regardless of his/her income and regardless of who actually pays the expenses.

11. Q. WHAT BENEFIT, IF ANY, IS DUE A RENTER WHO MOVED DURING THE 2008 YEAR?

    A. If the claimant moved from one Connecticut city/town to another, he/she would be eligible for a benefit based on the number of months he/she was renting during the calendar year. (Also see COMPUTATION OF CREDITS DUE: Question **55**.)

12. Q. WHERE DOES A RENTER WHO HAS LIVED IN TWO OR MORE CONNECTICUT CITIES OR TOWNS DURING THE BENEFIT YEAR APPLY FOR TAX RELIEF?

A. The claimant should apply in the town where he/she is **residing at the time of application.**

13. Q. DOES A PERSON WHO WAS A HOMEOWNER FOR PART OF THE YEAR AND A RENTER FOR PART OF THE YEAR, QUALIFY AS A RENTER?

A. An applicant may **not** apply for **both** the homeowner and renter programs for the same program year. If the applicant has **not** applied for the homeowner program, he/she may apply for a partial year benefit under the renter program.

14. Q. IF A RENTER WHO LIVED IN CONNECTICUT DURING 2008 FILES A CLAIM FOR TAX RELIEF WHILE STILL RESIDING IN CONNECTICUT, AND SUBSEQUENTLY MOVES TO ANOTHER STATE, IS HE/SHE ELIGIBLE FOR A BENEFIT?

A. Yes, because the claimant was residing in Connecticut during the benefit year, **AND** when the application was filed.

15. Q. IF A RENTER WHO LIVED IN CONNECTICUT DURING 2008 MOVED TO ANOTHER STATE PRIOR TO THE FILING PERIOD FOR THIS PROGRAM, AND WHILE VISITING IN CONNECTICUT SUBMITTED A GRANT APPLICATION, WOULD HE/SHE BE ELIGIBLE FOR BENEFITS?

A. No. A claimant **must reside in Connecticut both during the benefit year and when the application is filed.**

16. Q. IS THE ESTATE OF A RENTER WHO HAS DIED PRIOR TO THE FILING PERIOD, ELIGIBLE TO RECEIVE A BENEFIT UNDER THIS PROGRAM?

A. No. The claimant must be alive at the time of filing (between May 15 to September 15, 2009), in order to be eligible under this program.

RENTAL UNITS

17. Q. WHO IS A RENTER?

A. A renter may be defined as an adult who pays a fixed amount, generally at specified intervals, in return for the right to occupy the property of another.

18. Q. WHAT MAY BE DEFINED AS A RENTAL UNIT FOR PURPOSES OF QUALIFYING FOR A GRANT UNDER THIS PROGRAM?

A. The definition of a rental unit includes any property, not owned by an applicant, that is occupied as his/her principal residence or home, by virtue of an oral or written lease. The following are examples of rental property: apartments, cooperatives, land lease for mobile homes, condominiums,

hotel/motel rooms, boarding houses, nursing homes, convalescent hospitals, and assisted living centers.

19. Q. WHAT CONSTITUTES THE RENTAL AND UTILITY EXPENSES OF A NURSING HOME OR ASSISTED LIVING CENTER RESIDENT?

A. For an unmarried nursing home resident who is paying his/her bills without government help, only the cost of his/her room, exclusive of meals, nursing care or other professional costs (such as physical therapy), may be submitted as the basis for a grant. If the room cost cannot be determined, we will accept thirty-four percent (34%) of all fees paid. In the case of a married private-paying nursing home resident, **only** the rent and utility expenses of the spouse remaining at home may be considered. The combined income of both husband and wife are reportable for purposes of our program.

20. Q. WHAT OPTION DOES A MOBILE HOME OWNER HAVE FOR FILING?

A. A mobile home owner may elect to receive benefits as a homeowner OR as a renter. However, if a mobile home owner elects to file as a renter, the property tax liability for the mobile home is **not** counted as part of his/her rental expenses. Only actual ground rent and utility expenses would be included.

21. Q. ARE PEOPLE RESIDING IN ROOMING HOUSES ENTITLED TO A GRANT UNDER THIS PROGRAM?

A. Yes. Rental charges should be adjusted to eliminate fees for meals, and for housekeeper or other services that may have been furnished by the landlord as part of the rental agreement.

22. Q. WHAT PERCENTAGE OF THE TOTAL MONTHLY CHARGES PAID BY A ROOMER FOR "ROOM AND MEALS" SHOULD BE APPLIED TO THE "ROOM" OR "RIGHT OF OCCUPANCY" PORTION?

A. Unless actual charges are presented, a fair percentage of the total amount paid per month would be thirty-four percent (34%). The same criteria would be applied to a "roomer" that is living with a relative who owns his/her home. If the applicant is sharing an apartment with any other person(s) that is/are over the age of 18 (other than a spouse) it shall be assumed, for the purposes of our program, that each such person pays his proportionate share of expenses -- <u>regardless of actual payment by each person.</u>

23. Q. ARE PEOPLE RESIDING IN CONGREGATE HOUSING ENTITLED TO A GRANT UNDER THIS PROGRAM?

A. Yes.

INCOME, EXPENSES, AND DOCUMENTATION

24. Q. WHAT CONSTITUTES QUALIFYING INCOME FOR RENTERS SEEKING A TAX RELIEF GRANT?

A. Qualifying income is defined as adjusted gross income and tax-exempt interest, **plus any other income** not included in such adjusted gross income. This definition includes income from all sources, as well as non-taxable income. All monies received during the program year are to be considered part of qualifying income, unless specifically exempted. Although the following are not intended to be all inclusive, examples of items to be included as part of qualifying income are as follows:

- Wages, bonuses, commissions, gratuities and fees; Self-Employment Net Income;
- **Gross** Social Security (Box 5 of the SSA1099 - Yes, we know the box says Net), Federal Supplemental Security Income, payment for jury duty (excluding travel allowance);
- Dividends, interest, and annuities;
- IRA distributions -- include all that is taxable. Most money invested in an IRA was not taxed at the time it was earned and is taxable at the time of withdrawal; interest earned on an IRA is not taxable until there is a distribution from the IRA.
- Black Lung payments;
- Green Thumb payments;
- Interest resulting from gifts received;
- Lottery winnings;
- Net Rental Income (however, do not include depreciation if a Federal Tax Return is **not** filed);
- Pensions, Veteran's pension, Railroad retirement;
- Severance pay; Unemployment Compensation;
- Workers Compensation;
- Alimony
- Anthem sale of Stock (entire proceeds)

25. Q. WHAT TYPES OF INCOME ARE SPECIFICALLY EXEMPT FROM BEING REPORTED AS PART OF QUALIFYING INCOME FOR PURPOSES OF THE RENTERS' PROGRAM?

A. The following are not included as income for this program:

- Casualty loss reimbursements;
- Food stamps; AFDC Payments;
- Gifts, bequests or inheritances (interest earned thereon must be included in income);
- Grants for disaster relief;
- Income earned from volunteer service under the Domestic Volunteer Service Act of 1973 as amended, for programs such as Foster Grandparents, Retired Senior Volunteer, and Senior Companion;
- Life insurance proceeds;
- Medical insurance reimbursements;
- Rental grants received for preceding benefit year;
- Capital gain on sale of primary residence if lived in 2 out of last 5 years;

- Financial assistance from family or friends;
- The Federal Economic Stimulus Payment received in 2008;
- Social Security payments for a dependant person.

26. Q. HOW IS THE SOCIAL SECURITY INCOME OF A SPOUSE WHO IS A RESIDENT OF A HEALTH CARE OR NURSING HOME FACILITY HANDLED FOR THIS PROGRAM?

A. A **Married/Civil Union/Same Sex married** renter whose spouse is a resident of a health care or nursing home facility **in CONNECTICUT** and who is receiving payment related to such spouse under Title XIX Medicaid, need not declare the spouse's Social Security income that was **paid directly** to the health care or nursing home facility. If part, or all, of the resident's Social Security income is given to the non-resident spouse (Community Spousal Allowance) that portion of Social Security income must be included as income. The exclusion of resident income applies to Social Security income. All other income (pensions, VA benefits, etc.) **MUST** be included as income regardless of whether or not these benefits are being directed to the nursing facility.

Proof must be submitted to OPM, on health care facility's letterhead, signed by an administrator that indicates:
(1) **dates** during **benefit year** that spouse was in facility, and
(2) **date** that resident **went** on Title XIX.

27. Q. ARE ELDERLY PERSONS RECEIVING MEDICAL ASSISTANCE UNDER TITLE XIX ("MEDICAID") FROM THE STATE OF CONNECTICUT, ELIGIBLE FOR TAX RELIEF UNDER SECTION 12-170d?

A. Yes, providing all other eligibility requirements are met.

28. Q. WHAT DOCUMENTATION IS NEEDED TO CONFIRM THAT AN APPLICANT DOES NOT PARTICIPATE IN OR SELF-PAY MEDICARE PREMIUMS?

A. A copy of each applicant's SSA-1099 form should accompany every application.

29. Q. DOES AN ELDERLY CLAIMANT RECEIVING FOOD STAMPS QUALIFY FOR THE RENTER REBATE?

A. Yes, providing all other eligibility requirements are met. The amount of the food stamp allotment is not considered income.

30. Q. ARE ALL PERSONS RECEIVING PAYMENTS FROM THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES ELIGIBLE FOR THE RENTER REBATE?

A. Yes. If an applicant or the applicant's spouse received any cash assistance payment(s) during the claim year from the Department of Social Services we will deduct the amount they received from their grant. **However, if the difference is less than $10.00, the grant amount will be zero (0) and no payment will be made.**

NOTE: The application affidavit that each applicant must sign authorizes the Department of Social Services to release information to OPM.

31. Q. IF A RENTER RECEIVES **STATE OF CONNECTICUT** SUPPLEMENTAL SECURITY INCOME, IS HE/SHE ALSO ELIGIBLE FOR A GRANT UNDER SECTION 12-170d?

A. Yes. The receipt of **State of Connecticut** Supplemental Security Income, i.e., Old Age Assistance, Aid to the Blind/Disabled, (Sec. 17-109) **does not** disqualify an applicant (however, see Question **30**).

NOTE: The application affidavit that each applicant must sign authorizes the Department of Social Services to release information to OPM.

32. Q. IF A RENTER RECEIVED **STATE OF CONNECTICUT** SUPPLEMENTAL SECURITY INCOME (I.E., ANY FORM OF CASH ASSISTANCE FROM DSS), IS HE/SHE ALLOWED TO REIMBURSE THE DEPARTMENT OF SOCIAL SERVICES (DSS) FOR ALL CASH ASSISTANCE RECEIVED DURING THE BENEFIT YEAR, THEREBY BECOMING ELIGIBLE FOR A GRANT?

A. Yes. OPM will offset the cash assistance against their Renter's Rebate. The difference must be $10.00 or more to result in a Renter's Rebate check.

33. Q. IS A CLAIMANT REQUIRED TO PRESENT A COPY OF HIS/HER ANNUAL FEDERAL INCOME TAX RETURN TO THE ASSESSOR OR DESIGNATED MUNICIPAL AGENT IN THE MUNICIPALITY WHERE HE/SHE IS APPLYING FOR BENEFITS?

A. Yes. Statutory requirements dictate that if a Federal Income Tax Return is filed, a copy must be presented to the Assessor or designated Municipal Agent. If the claimant does not file a Federal Income Tax Return, the Assessor/Town Agent must require that any and all other proofs of income that may be necessary for the certification of the claim, be presented. The Municipal Agent should obtain a copy of at least the first page of the tax return for the municipality's files if the applicant files a tax return.

34. Q. ON THE VARIOUS 2008 INCOME TAX RETURNS, WHERE IS THE AMOUNT OF ADJUSTED GROSS INCOME TO BE FOUND?

A. Adjusted gross income is the amount shown on line **37** of Form 1040, line **21** of Form 1040A and line **4** of Form 1040EZ.

35. Q. CAN AN **ADJUSTED GROSS TAX LOSS** (AS SUBSTANTIATED BY AN INCOME TAX RETURN) BE USED TO OFFSET OTHER INCOME IN THE ESTABLISHMENT OF QUALIFYING INCOME?

A. No. If a claimant has an **adjusted gross** tax loss for any calendar year, the Assessor/ Municipal Agent should **not** subtract that loss from the claimant's other reported income.
Rather than indicating a negative amount for the adjusted gross income, the Assessor/Municipal Agent should enter a **-0-** on line 12A of the Renters' application.

EXAMPLE: Mr. Jones owns an antique shop, and substantiates on his Income Tax Return for 2008 that he sustained an adjusted gross tax loss of $2,560 for the year. Mr. Jones also had tax exempt interest from municipal bonds in the amount of $580, and Social Security income of $7,861.20. Mr. Jones' qualifying income is $8,441.20; **not** $5,881.20. His income on Form M-35R should be stated as follows:

12A	TAXABLE INCOME	$0.00
12B	NON-TAXABLE INTEREST	580.00
12C	SOCIAL SECURITY	7,861.20
12D	ANY OTHER INCOME	0.00
12E	**TOTAL**	**$8,441.20**

36. Q. HOW SHOULD THE INCOMES OF MARRIED/CIVIL UNION/SAME SEX MARRIAGE COUPLE BE TREATED?

A. The incomes of both parties should be added together in establishing qualifying income, even though separate Income Tax Returns may or will have been filed.

37. Q. HOW SHOULD THE INCOME OF SPOUSES WHO ARE **LEGALLY SEPARATED** AND MAINTAINING SEPARATE RESIDENCES BE TREATED?

A. **They may file as unmarried**. Each must file separate applications for their respective residences and income. Each must qualify on their own circumstances.

38. Q. MAY A MARRIED/CIVIL UNION/SAME SEX MARRIAGE COUPLE, WHO ARE **NOT** DIVORCED AND NOT LEGALLY SEPARATED, BUT MAINTAINING SEPARATE RESIDENCES, APPLY FOR THE PROGRAM?

A. Yes, but only **one** may apply. Expenses of **only one residence** may be considered; however, income of **both** spouses must be reported and included on the application form. The check will be mailed to the residence of the person applying.

39. Q. WHEN A MARRIED/CIVIL UNION/SAME SEX MARRIAGE COUPLE FILES A CLAIM UNDER THIS PROGRAM, IS IT NECESSARY FOR BOTH TO SIGN THE APPLICATION FORM, AS IN THE CASE OF A JOINT RETURN FOR THE IRS?

A. No. Only one **or** the duly authorized agent may sign the application.

40. Q. WHO MAY BE CONSIDERED AN AUTHORIZED AGENT?

A. Any person duly authorized by a claimant to act on his/her behalf, **except** for the Assessor, designated Municipal Agent or an Assessor/Town Agent's staff member. As the Assessor/Town Agent is responsible for certifying claims for grants, a conflict of interest could occur, if he/she also acted as an authorized agent in the submission of claims. Please note that a person taking the application **cannot** sign as both the applicant's agent and the Municipal Agent. Applications should **not** be mailed. Individuals (conservators, group home leaders, attorneys, elderly housing managers, nursing facility administrators, etc.) responsible for overseeing large groups of applicants should not have authority to complete nor sign applications, unless employed (paid or unpaid) by Assessor/Municipal Agent. These individuals should also not be signing for applicants as authorized agents.

41. Q. WHEN A SPOUSE DIES DURING A BENEFIT YEAR, SHOULD THE SURVIVOR INCLUDE BOTH INCOMES ON THE RENTER'S APPLICATION?

A. Yes. The surviving spouse would file his/her application in the same manner as mandated by the IRS for the filing of Income Tax Returns. Both spouses' incomes and information (name, social security, and birth date) must be declared. The surviving spouse is considered married/civil union/same sex married for the benefit year. Also, the surviving spouse must be living at the time of filing. In other words, **friends or relatives cannot file for deceased persons, even if the deceased person was living during the entire benefit year**.

42. Q. WHAT PROCEDURE SHOULD BE FOLLOWED WHEN THE APPLICANT HAS NOT RECEIVED SOCIAL SECURITY INCOME FOR THE BENEFIT YEAR?

A. When an applicant has not received Social Security income for the benefit year, the amount reportable on Line 12-C of the application should read -0-. **Some explanation must be provided**.

43. Q. WHAT SOCIAL SECURITY NUMBER SHOULD BE USED ON THE RENTER'S APPLICATION WHEN AN APPLICANT IS COLLECTING BENEFITS ON A NUMBER OTHER THAN HIS/HER OWN NUMBER?

A. The applicant's **own** Social Security number should always be used on the renter's application; even though an applicant may be collecting Social Security benefits on another's number (spouse, parent, etc.).

44. Q. CAN AN ELDERLY OR DISABLED CLAIMANT'S SURVIVING SPOUSE WHO IS BETWEEN THE AGES OF 50 AND 65, CONTINUE TO APPLY ANNUALLY FOR A RENTER BENEFIT UNDER THIS PROGRAM?

A. Yes. As long as the surviving spouse **has not remarried/civil union/same sex married** and was previously domiciled with a spouse who, at the time of his/her death, had qualified, applied, and was entitled to receive a benefit under Section 12-170d. The surviving spouse must continue to meet all other statutory requirements in order to be granted continued benefits. It is the surviving spouse's responsibility to prove that the deceased was qualified**,** and entitled to benefits (as evidenced by an application) before dying.

45. Q. WHEN FILING FOR BENEFITS, MUST THE CLAIMANT SUBMIT EVIDENCE OF PAYMENTS HE/SHE HAS MADE FOR RENT AND UTILITY SERVICES, IN ADDITION TO PROVIDING PROOF OF INCOME?

A. Yes. This information must be presented to the Assessor or designated Municipal Agent in substantiation of the renter's claim. The Claimant or authorized agent must apply in person. Applications should **not** be mailed to applicants or their authorized agents.

46. Q. WHAT CONSTITUTES UTILITY PAYMENTS?

A. Utility payments are limited by Section 12-170e to payments made for electricity, gas, water, and fuel ONLY. Payments for telephone service, cable or pay television, garbage removal, use of air conditioner (**except where medically required)**, etc., are **not** to be included in utility costs. Only actual payments **paid (not billed)** by the applicant may be included in expenses.

47. Q. WHAT HAPPENS IF A RENTER'S 2008 INCOME IS IN EXCESS OF THE ALLOWABLE QUALIFYING INCOME LIMITS?

A. If the $30,500 (unmarried) or $37,300 (married/union) income limit is exceeded, the claimant is denied any refund of rent and utility expenses for the 2008 program year.

48. Q. HOW ARE THE INCOME LIMITS FOR ELDERLY RENTERS AFFECTED BY THE SOCIAL SECURITY ADMINISTRATION COLA ADJUSTMENT?

A. The Social Security Income adjustment is applied to the Renters' income limits, and incorporated in the application form, by the Office of Policy and Management. They are rounded to the nearest $100, over the limits in effect last year. This procedure ensures that claimants are not penalized by the Social Security adjustment.

49. Q. WHAT TYPE OF EVIDENCE IS REQUIRED TO DOCUMENT INCOME FROM SOCIAL SECURITY?

A. There are three options (in order of preference):

(1) Form SSA-1099 **Box 5**, received annually by February 1. The Social Security Administration (SSA) office will not replace lost forms except for federal tax liability purposes.
(2) Form **TPQY** from SSA.
(3) Photocopy the recipient's current check (for both spouses), include Medicare amount (See QUESTION **50**)

50. Q. AS THE CURRENT YEAR INCLUDES A COST OF LIVING ADJUSTMENT (COLA) IN A SOCIAL SECURITY RECIPIENT'S CURRENT CHECK, HOW DO YOU DETERMINE THE PRIOR YEAR'S INCOME?

A. You may calculate the prior year's income as follows:

(1) In 2009 applicant receives $390.00 per month
(2) C.O.L.A. increase for 2009 is .058

(3) 1 minus .058 = .942

(4) $390.00 X .942 = $367.38; use $367.00.

Net 2008 Social Security income would be $367.00 per month **plus** Medicare premiums. Amounts of Medicare premiums to be added in for 2008 are $1,156.80 (unmarried) or $2,313.60 (married/union).

51. Q. WHAT IF THE RENT AND UTILITY EXPENSE(S) ARE CLOSE IN AMOUNT TO THE INCOME (e.g.: RENT/UTILITY = 6500.00 INCOME = 7000.00)?

A. Ask the applicant how they are living throughout the year (food, phone, etc.) on the difference. It is perfectly OK if they are receiving financial help from family and/or friends. This help is considered a gift and is NOT included as income. Please write a note on the application: "Receives help from family or friends". If liquidation of assets (Bank Account, IRA, etc.) is being used, then a brief notation on the form to that effect will be helpful. This will alleviate unnecessary audits.

COMPUTATION OF CREDITS DUE

52. Q. IS THE ASSESSOR OR DESIGNATED MUNICIPAL AGENT RESPONSIBLE FOR COMPUTING BENEFITS DUE?

A. Yes. However, the benefit is subject to change based on an audit by the Office of Policy and Management.

53. Q. HOW ARE GRANT AMOUNTS COMPUTED?

A. An eligible claimant is entitled to a grant from the State, equivalent to the lesser of, the maximum grant amount allowed by the appropriate income table, **OR** thirty five percent (35%) of the amount actually paid by the claimant for rent, electricity, gas, water and fuel during the benefit year, less five percent (5%) of his/her qualifying income, **OR** the minimum, if it is greater. If a claimant shares rental and utility expenses with someone other than his/her spouse, grants must be calculated on the shared portion of the total rental and utility expenses assumed to be paid by the individual claimant. (Section 12-170d assumes each pays his/her proportionate share.)

54. Q. WHAT CREDIT MAY BE GRANTED TO A CLAIMANT WHOSE APPLICATION INDICATES THAT THIRTY FIVE PERCENT OF HIS/HER RENTAL AND UTILITY PAYMENTS IS LESS THAN FIVE PERCENT (5%) OF QUALIFYING INCOME?

A. The claimant would not be eligible to receive a grant under this program for this year.

55. Q. HOW ARE CREDITS COMPUTED IF A CLAIMANT SHARES HIS/HER RENT AND UTILITY EXPENSES WITH OTHERS?

A. A renter who shares rent and utility costs with one or more persons may be eligible to receive a grant under this program. **The claimant's application must reflect only his/her proportionate share of the total rent and utility payments for the rental quarters.** Sec. 12-170d states that if rental quarters are occupied by more than one person it will be assumed each pays their proportionate share (spouses shall constitute one tenant). When sharing rental quarters, each person does not generally

make out separate payments for rent and utilities. Therefore, when presenting proof of expenses, the amount used should be 50% if two share the apartment. The expenses must be the actual amount paid in total divided by the total number of unmarried adults living in the apartment.

56. Q. HOW IS A CLAIMANT'S GRANT COMPUTED IF HE/SHE WAS A RENTER IN CONNECTICUT FOR ONLY PART OF THE CALENDAR YEAR?

A. The claimant's income is apportioned according to the number of months that he/she was a renter.

EXAMPLES:

1). Annual Income = $6,000.00 (enter on line 12E)
Person became a renter in May **(Line 11 on application must read 5/08-12/08)**
Eligible for 8 months' grant

8 months = 2/3 of a year (follow instructions on line 14 for part year).
2/3 of $6,000.00 = $4,000.00.
Use $4,000.00 for the income in computing the benefit **only**. Report all income on Line 12D.

2). Annual Income = $7,200.00 (enter on line 12E)
Person rented January through July **(Line 11 on application must read 1/08-7/08)**
Eligible for 7 months' grant.

7 months = 7/12 of a year (follow instructions on line 14 for part year).
7/12 of $7,200.00 = $4,200.00.
Use $4,200.00 for the income in computing the benefit **only**. Report all income on Line 12D.

The rent and allowed utility expenses are treated the same way as they are in all instances -- the amount paid or assumed to be paid by the applicant for the period covered is multiplied by 35%. **Please be sure to follow instructions on application lines 10, 11, 14 and 17 for partial year.**

MISCELLANEOUS

57. Q. ARE RENTERS WHO RECEIVE TAX RELIEF FROM THE STATE OF CONNECTICUT EVER REQUIRED TO PAY ANY OF THIS MONEY BACK TO THE STATE?

A. Not if the grant is legally obtained. This is an outright grant to the claimant and never has to be paid back as long as no fraud nor incorrect information was used to obtain it.

58. Q. HOW ARE PAYMENTS TO RENTERS MADE?

A. The State of Connecticut sends checks directly to qualified renters after the claim has been submitted by the municipal Assessor/Municipal Agent, to the Secretary of the Office of Policy and Management. Payments are certified by the Office of Policy and Management to the Comptroller on a monthly basis beginning in mid-October.

59. Q. CAN A RENTER'S GRANT CHECK BE MAILED TO A BANK FOR DIRECT DEPOSIT IN HIS/HER SAVINGS OR CHECKING ACCOUNT?

A. No. Checks may be sent **only** to the claimant's mailing address.

60. Q. CAN A RENTER'S GRANT CHECK BE MAILED TO AN ADDRESS OTHER THAN HIS/HER MAILING OR RENTAL ADDRESS?

A. A renter's check may be mailed to whatever address he/she designates. When an applicant uses a P. O. Box on Line 3 of the application, a **Connecticut** rental address must always be reported on Line 4. When the check is being mailed to an address other than the applicant's rental address, both Lines 3 and 4 of application must be completed.

61. Q. WHAT PROCEDURE SHOULD BE FOLLOWED WHEN AN APPLICANT MOVES AFTER FILING AN APPLICATION?

A. Changes of address on applications that have **not** been submitted to OPM can be changed at the town level. Once an application has been submitted to OPM, **written** notification of that change must be mailed or faxed to OPM, indicating name, social security number, old address and new address.

62. Q. WHAT IS THE NORMAL LAG TIME BETWEEN THE FILING OF AN APPLICATION BY A CLAIMANT AND RECEIPT OF HIS/HER GRANT?

A. A minimum of five months is required for applications filed on the 1st day. Assessors/Municipal Agents must make monthly claims under this program, and the processing time required by the State is eleven to eighteen weeks.

63. Q. WHAT PROCEDURE SHOULD BE FOLLOWED BY A SURVIVING RELATIVE OF A DECEASED RENTER WHO HAD SUBMITTED AN APPROVED APPLICATION UNDER THIS PROGRAM PRIOR TO HIS/HER DATE OF DEATH?

A. The grant is considered to be part of the applicant decedent's estate. A Form PC-212, "Affidavit in Lieu of Administration," must be obtained from the Probate Court in the district where the deceased renter lived, by the person responsible for the decedent's estate before the check may be cashed.

FILING OF CLAIMS, STATE'S NOTIFICATION, LATE FILING PENALTY, APPEALS

64. Q. WHAT CONSTITUTES A CLAIM UNDER THE RENTERS' PROGRAM?

A. 1) - Form M-35C - Claim for Elderly and Totally Disabled Renters

2) - Form M-35c - Continuation Sheet (List of names and grant requested for each)

3) - Data submitted electronically to OPM (see NOTE below)

4) - Form M-35R – Application (including documentation and disallowed applications)

NOTE: TOWNS WITH MORE THAN TEN (10) APPLICANTS MUST USE OPM'S SOFTWARE. When using OPM's software **ONLY ITEM #'s 1, 2 & 3 ABOVE ARE TO BE SENT TO OPM**. Item #4 is to be kept at the Town for 3 years. If not using OPM's software (towns with less than 10 applicants) **ALL ITEM #s 1 THROUGH 4 MUST BE SENT TO OPM**. The application forms sent to OPM should be arranged in alphabetical order. The names should be listed in alphabetical order on the Continuation Sheets, all information supplied, and totals included. The claim form should be completed and signed. An entire package of completed, related papers should be submitted to OPM each month. The final submission should be made to OPM by October 31. People who file early should expect earlier payment.

FILE MONTHLY, BEGINNING JULY 1, 2009

If you are submitting a computer print-out, be sure that:

1) It follows the OPM format,
2) each page is sub-totaled and
3) triple spacing is used.

REMINDER

Proof of disability must be attached to applications for those claiming under the disability provision of this program. The proof must relate to the year for which the claim is being made.

65. Q. WHO MUST SIGN THE CLAIM FORM?

A. The Assessor or Designated Municipal Agent.

66. Q. IS THE STATE REQUIRED TO NOTIFY A MUNICIPALITY OF ANY MODIFICATIONS TO THE AMOUNT OF A GRANT REQUESTED UNDER THIS PROGRAM?

A. Yes. The State must notify each Assessor/Municipal Agent as well as each affected claimant, of its modification of the amount of any grant requested, within sixty (60) days of receipt of the last claim (October 31). This is accomplished by sending a "Notice of Error" to both the certifying agent and the claimant.

67. Q. WHAT RECOURSE DOES A CLAIMANT HAVE IF HE/SHE IS DENIED A GRANT UNDER THIS PROGRAM BY THE ASSESSOR/MUNICIPAL AGENT OR THE STATE, OR IF HE/SHE DOES NOT AGREE WITH A MODIFICATION TO HIS/HER GRANT?

A. An appeal may be entered by a claimant, in writing, within thirty (30) days of receipt of his/her notification of denial, or notification of a change in the amount of his/her grant, to the Secretary of the Office of Policy and Management. The Secretary has sixty (60) days in which to grant or deny the claimant's appeal. The Secretary must timely notify the claimant of the decision. If the appeal is denied, the claimant then has the right to make a written request, within thirty (30) days of notification of said denial, for a hearing before the Secretary. The appeal procedure for renters is contained in Section 12-170g.

68. Q. SECTION 12-170f (b) ALLOWS A MUNICIPALITY TO TRANSFER THE RENTERS' PORTION OF THE PROGRAM TO A DESIGNATED MUNICIPAL AGENT. ARE THERE ANY

REQUIREMENTS SET OUT BY THE OFFICE OF POLICY AND MANAGEMENT REGARDING SUCH A TRANSFER?

A. Yes, the Office of Policy and Management must be notified in the event of a transfer of the Assessor's responsibilities regarding this program to another agency. Written notification, stating the name, address and telephone number of the agency that has assumed the administration of this program, the date the transfer was affected, and the name of a contact person(s), is required. This information should be forwarded as soon as possible after the transfer is authorized by town ordinance. Transfers must have the municipality's legislative body approval (copy of minutes must be sent to OPM).

69. Q. WHAT IS THE PENALTY TO THE MUNICIPALITY FOR LATE FILING?

A. $250.00.

70. Q. IS THERE A PENALTY WAIVER PROVISION?

A. Yes, see OPM Regulations (Section 12-170f-2). The Secretary of OPM must receive a written waiver request within **30 business days** of the last filing date, October 31st. The letter must be signed by the official responsible for filing the claim and by the chief executive officer of the municipality. The cause must be reasonable, e.g., vacancy in official's position, serious computer problems, etc.

71. Q. HOW LONG MUST A MUNICIPALITY RETAIN RENTERS' RECORDS?

A. Municipalities must retain renters' records for a period of at least three (3) years.

EXHIBIT I

SOCIAL SECURITY PAYMENT IDENTIFICATION CODES (PIC)
& BENEFICIARY INDICATOR CODES (BIC)

&	Wage Earner and Spouse	Old age or disability
A	Wage Earner (Primary)	Old age or disability
B	Aged Wife	First claimant
B1	Husband	First claimant
B2	Young Wife	First claimant
B3	Aged Wife	Second claimant
B4	Husband	Second claimant
B5	Young Wife	Second claimant
B6	Divorced Wife	First claimant
B7	Young Wife	Third claimant
B8	Aged Wife	Third claimant
B9	Divorced Wife	Second claimant
C1-C9	Child or grandchild	Including disabled or student child
CA-CK		
D	Aged Widow	First claimant
D1	Widower	First claimant
D2	Aged Widow	Second claimant
D3	Widower	Second claimant
D4	Widow	Remarried after attainment of age 60
D5	Widower	Remarried after attainment of age 60
D6	Surviving Divorced Wife	First claimant
D7	Surviving Divorced Wife	Second claimant
D8	Aged Widow	Third claimant
D9	Remarried Widow	Former B3, W2, or D2
DA	Remarried Widow	Former B8 or D8
E	Widowed Mother	First claimant
E1	Surviving Divorced Mother	First claimant
E2	Widowed Mother	Second claimant
E3	Surviving Divorced Mother	Second claimant
E4	Widowed Father	First claimant
E6	Widowed Father	Second claimant
E7	Widowed Mother	Third claimant
F1	Father	
F2	Mother	
F3	Stepfather	
F4	Stepmother	
F5	Adopting Father	

F6	Adopting Mother	
F7	Second Alleged Father	
F8	Second Alleged Mother	
HA	Wage earner	Disability
HB	Aged wife	Disability
HB1	Aged husband	Disability
HB2	Young wife	Disability
HB6	Divorced wife	Disability
HC	Child or grandchild	Disability
J1	Primary Prouty entitled	
	To deemed HIB	Less than three quarters of coverage
J2	‘’ ‘’ ‘’ ‘’ ‘’ ‘’ ‘’ ‘’ ‘’ ‘’	Over two quarters of coverage
J3	Primary Prouty not entitled	
	To deemed HIB	Less than three quarters of coverage
J4	‘’ ‘’ ‘’ ‘’ ‘’ ‘’ ‘’ ‘’ ‘’ ‘’	Over two quarters of coverage

Code	**Type**	**Code**	**Type**
TV	MQGE disabled widow(er) (5th claimant)	**W6**	Disabled surviving divorced wife (1st claimant)
TW	MQGE disabled widow(er) (1st claimant)	**W7**	Disabled surviving divorced wife (2nd claimant)
TX	MQGE disabled widow(er) (2nd claimant)	**W8**	Disabled surviving divorced wife (3rd claimant)
TY	MQGE disabled widow(er) (3rd claimant)	**W9**	Disabled widow (4th claimaint)
TZ	MQGE disabled widow(er) (4th claimant)	**WB**	Disabled widower (4th claimant)
T2-T9	MQGE (CDB) (2nd to 9th claimant)	**WC**	Disabled surviving divorced wife (4th claimant)
W	Disabled widow (1st claimant)	**WF**	Disabled widow (5th claimant)
W1	Disabled widower (1st claimant)	**WG**	Disabled widower (5th claimant)
W2	Disabled widow (2nd claimant)	**WJ**	Disabled surviving divorced wife (5th claimant)
W3	Disabled widower (2nd claimant)	**WR**	Disabled surviving divorced husband (1st claimant)
W4	Disabled widow (3rd claimant)	**WT**	Disabled surviving divorced husband (2nd claimant)
W5	Disabled widower (3rd claimant)		

BLACK LUNG BENEFICIARY IDENTIFICATION CODES (BIC) AND

PAYMENT IDENTIFICATION (PIC) CODES

LM	Miner	**P2**	Natural mother of miner
LS	Wife of miner	**P3**	Adoptive father of miner
LT	Divorced wife of miner	**P4**	Adoptive mother of miner
LW	Widow of miner	**P5**	Stepfather of miner
LX	Divorced widow of miner	**P6**	Stepmother of miner
L1-L9	Children of miner	**S1-S8**	Brothers and Sisters of miner
P1	Natural father of miner		

STATE OF CONNECTICUT **PHYSICIANS CERTIFICATE**

OF TOTAL AND PERMANENT DISABILITY

To be used only when accepted proofs of disability from Social Security Administration, Veteran's Administration, or other governmental offices are not obtainable.

I, _____, am familiar with the Social Security
(Physician's name)

Administration's requirements for establishing Total and Permanent Disability status.

In my opinion _____ meets or exceeds all
(applicant's name)

such requirements and is totally and permanently disabled.

To the best of my knowledge this disability began on _____.
(date of disability)

_____ _____
(Physician's signature) (date signed)

_____ _____
(print physician's name) (MD license # - **required**)

This form is not to be used if the applicant has been denied Total and Permanent Disability status by the Social Security Administration or is waiting for determination notification.

2009 Rent Rebate Processing Year Calendar

Jan. 18	**Rent Rebate applications are sent to all municipal agencies**
May 15	**Rent Rebate application process begins**
July 1	**First claims are due to OPM (once monthly thereafter) or postmarked by this date**
Sept. 15	**Last day to accept applications (unless extension is granted by OPM)**
Oct. 15	**Anticipated date that first checks (90%) will be sent to Post Office for mailing to applicants**
Oct. 31	**Last claim due to OPM (or postmarked by this date)**
Dec. 15	**Extension requests (due to illness) must be postmarked no later than this date**
Dec. 31	**Last date, by statute, for accepting applications**