ELDERLY/TOTALLY DISABLED HOMEOWNERS PROGRAM

REQUEST FOR EXTENSION OF TIME TO FILE

Please complete the following information and return this letter, along with supporting documentation, to the Secretary of Connecticut Office of Policy and Management at the address listed below.

APPLICANT NAME: _____

ADDRESS: _____

STATE: _____

ZIP: _____

SOCIAL SECURITY #: _____

TELEPHONE: _____

I am requesting an extension of time to file for the Elderly/Totally Disabled Homeowners Program for the following reason(s):

- I was under a doctor's care during the designated filing period (Feb. 1 through May 15). Enclosed is a letter from the doctor.
- Granted extension to file Federal Income Tax Return (Form 1040). Enclosed is a copy of the IRS extension request.
- Other: _____

SIGNATURE: _____

DATE: _____

The statutory deadline for filing a Request for Extension of Time to File is August 15th

CONNECTICUT OFFICE OF POLICY AND MANAGEMENT
ATTN: PATRICK SULLIVAN
450 CAPITOL AVENUE MS#54GSU
HARTFORD, CT 06106-1379