

FORM M-35C  
(Rev.9/07)

**RENTERS' PROGRAM**

\$250 LATE  
FILING PENALTY

ASSESSOR'S/TOWN AGENT'S CLAIM FOR ELDERLY AND TOTALLY DISABLED RENTERS  
FILE MONTHLY BEGINNING ON OR BEFORE JULY 1 TO THE STATE OF CONNECTICUT  
SECRETARY OF THE OFFICE OF POLICY AND MANAGEMENT - INTERGOVERNMENTAL POLICY DIVISION  
TAX RELIEF UNIT, MS#54GSU, 450 CAPITOL AVE., HARTFORD, CONNECTICUT 06106-1379

---

NAME OF MUNICIPALITY \_\_\_\_\_

DATE CLAIM SUBMITTED: \_\_\_\_\_ CLAIM # \_\_\_\_\_ TOTAL NUMBER OF PAGES IN CLAIM: \_\_\_\_\_

TOTAL NUMBER OF APPLICATIONS FOR WHICH PAYMENT IS REQUESTED: \_\_\_\_\_

CLAIM TOTAL (ALL PAGES): \$ \_\_\_\_\_

ASSESSOR'S/TOWN AGENT'S CERTIFICATION:

I HEREBY CERTIFY THAT THIS CLAIM, INCLUDING ANY CONTINUATION SHEETS ATTACHED, IS A TRUE LISTING AND COMPUTATION OF GRANTS FOR ELIGIBLE ELDERLY OR TOTALLY DISABLED RENTERS IN THIS MUNICIPALITY IN ACCORDANCE WITH CONNECTICUT GENERAL STATUTE SECTION 12-170d.

SIGNATURE AND TITLE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

---