

**APPLICATION FOR DEFERRAL
TOWN OF DARIEN
Town Ordinance/Chapter 70**

ASSESSMENT YEAR _____

Last Name	First Name & Middle Initial	Social Security #
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BIRTHDATE _____

Spouse's Last Name	First name and middle initial	Social Security #
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BIRTHDATE _____

Does spouse live at the same address? _____

Present address _____

Phone # _____

Qualifying income _____

(Adjusted gross income per Federal Income Tax Return, Tax Exempt Interest, Social Security and other Non-taxable income for calendar year)

Please attached copies of Income Tax Return and SS-1099 for the previous year.

SWORN AFFIDAVIT

The above name applicant deposes and swears that the above statements are true and complete and claims tax deferral under provisions of Chapter 70 of the Code of Ordinances of the Town of Darien. There will be a lien filed with the Town Clerk in the appropriate percent Annually Approved by the Board of Finance for each assessment year. The above name applicant is also aware of the penalty for making a false affidavit.

Town of Darien, County of Fairfield

Signature of Applicant

Date

Signature of Assessor or Staff

Date

Assessment _____ X Mill Rate _____ = Tax _____

2% of Tax = _____ to be paid by Applicant

State CB + Town Credit = _____

Total to be Deferred = _____