

PLEASE PRINT LEGIBLY

MUNICIPALITY/QUASI-MUNICIPALITY NAME: _____

**APPLICATION FOR MUNICIPAL/QUASI-MUNICIPAL TAX RELIEF
DEFERRAL PROGRAM UNDER EXECUTIVE ORDER 9R**

For deferral of real estate, motor vehicle, and personal property taxes and/or municipal electric, water and sewer, or C-PACE Benefit Assessment charges due on January, 1, 2021.

1. PROPERTY OWNER NAME	LAST	FIRST	MIDDLE INITIAL	DATE OF BIRTH
2. IF YOU ARE NOT THE OWNER, YOUR AUTHORITY TO MAKE THIS APPLICATION ON THE OWNER'S BEHALF (E.G., BUSINESS'S MANAGER, INDIVIDUAL POWER-OF-ATTORNEY, ETC.)				
3. MAILING ADDRESS	NUMBER AND STREET	MUNICIPALITY	STATE	ZIP CODE
4. DAYTIME TELEPHONE	WITH AREA CODE	EMAIL ADDRESS		
5. PROPERTY FOR WHICH DEFERRAL IS REQUESTED				
ADDRESS(ES) OF REAL ESTATE: _____				
YEAR, MAKE, MODEL OF VEHICLE(S): _____				
TYPE(S) OF PERSONAL PROPERTY: _____				

DEFERRAL PROGRAM: I request that the applicable real estate, motor vehicle, and personal property taxes and any municipal electric, water or sewer charges or assessments on the property identified above, which would otherwise be due on January 1, 2021, be deferred until April 1, 2021 without interest or penalty. Deferral, for purposes of this program, means that the tax or charge can be paid until April 1, 2021 without interest or penalty.

CHECK PROPER ELIGIBILITY:

- ~~**Resident:** My household has suffered a reduction in income of at least 20% due to COVID-19—~~
- ~~Since April 1, 2020, I either (1) have been furloughed without pay; (2) had my hours significantly reduced; or (3) am unemployed. This has resulted in at least a 20% reduction in my household income.~~
- ~~Proof of Residency is attached (i.e. a copy of driver's license, utility bill, or other proof of residency)~~
- ~~**Business/Non-Profit:** Revenue is expected to decrease at least 30% in the October, 2020 to January, 2021 period versus the October, 2019 to January, 2020 period.~~
- ~~Proof of Ownership is attached (i.e. copy of my business license, utility bill, Secretary of State listing, or other proof of ownership)~~
- APPLIES TO COMMERCIAL LANDLORDS ONLY, FILL OUT SECTION BELOW:

LANDLORDS - Fill Out this Section only if you are the landlord of the real estate listed above.

Deferral Program. If the municipality has adopted the Deferral Program, I request that the applicable real estate taxes and any municipal electric, water or sewer charges or assessments on the property identified above, which would otherwise be due on January 1, 2021, be deferred until April 1, 2021 without interest or penalty.

- I have attached documentation proving that the property has or will suffer a significant revenue decline, OR
- I have attached documentation proving that commensurate forbearance was offered to the tenants or lessees.
"Commensurate forbearance, for purposes of this program, means either a) a deferral of 25% of rent (approximating the property tax portion of rent) for the three (3) months after its due date; b) a deferral of one month's rent to be paid over the three (3) month period, or c) forbearance substantially similar to (a) or (b) as determined by the tax collector. Documentation includes, but is not limited to, proof that some tenants or lessees have received forbearance or that the landlord has actively communicated with tenants or lessees to offer forbearance.

CERTIFICATION:

- (A) I am aware of the amount and/or basis of the taxes, charges, and assessments that I am requesting to be deferred and I hereby irrevocably waive all rights to appeal or dispute them on any basis. I understand that the municipality's lien, priority, and enforcement rights will remain unaffected during and after this period.
- (B) I understand that this request, if approved, will not defer any taxes, charges, fees, or assessments I may owe the municipality which came due before January 1, 2021 or the interest and penalties applicable to them, or any other debt I may owe the municipality at any time.
- (C) I authorize the municipality and its agents to verify the statements above, and any certification information I have provided, from its records and other third parties. I consent to those third parties releasing relevant information to the municipality and its agents for this purpose upon the municipality's request and that a copy of this application shall be adequate evidence of my consent. I hold the municipality harmless in their collection of this data.
- (D) I understand that I must pay all taxes, charges, and assessments deferred in full (i) on or before April 1, 2021 or (ii) immediately, if the municipality determines that I am not eligible for deferment. I understand that if I fail to make payments as noted in this section, all interest, fees, and penalties will be applied to all unpaid portions retroactive to the original due date.
- (E) My financial information is being provided in confidence and I request that the information contained in this application not be disclosed to the extent allowed by state law. I understand that the Freedom of Information Act Section 1-210(b)(5) (B) allows, but does not require, a public agency to withhold records that constitute commercial or financial information given in confidence, not required by the Connecticut General Statutes.

APPLICANT'S ATTESTATION	Under penalties of perjury, I hereby swear or affirm that that I have read and understood all of the statements above, that they are true and accurate, and that I have attached any and all additional information necessary to process my application herein. I attest that this application, and all attachments, are genuine and unaltered.
SIGNATURE OF APPLICANT X	Date signed (Mo., Day, Yr.) ____/____/____

TO AVOID PENALTY DUE NO LATER THAN FEBRUARY 1, 2021 - RETURN TO: taxoffice@fairfieldct.org or mail to (postmark accepted):
Tax Collector, Town of Fairfield, PO Box 638, Fairfield, CT 06824

**STOP! DO NOT WRITE BELOW THIS LINE
FOR TAX COLLECTOR'S USE ONLY**

DEFERRAL FOR: <input type="checkbox"/> Real Estate Tax <input type="checkbox"/> Motor Vehicle Tax <input type="checkbox"/> Supp. Motor Vehicle Tax <input type="checkbox"/> Personal Property Tax <input type="checkbox"/> Water Charges <input type="checkbox"/> Sewer Usage Charges <input type="checkbox"/> Sewer Assessment Charges <input type="checkbox"/> Electric Charge <input type="checkbox"/> C-PACE	
TAX COLLECTOR'S DETERMINATION	<input type="checkbox"/> I am satisfied that the applicant meets all the necessary statutory requirements <input type="checkbox"/> This claim is denied for the following reason(s):
SIGNATURE OF TAX COLLECTOR OR MEMBER OF TAX COLLECTOR'S STAFF X	Date signed (Mo., Day, Yr.) ____/____/____