



HARTFORD RENTERS REBATE WORKSHEET

Tenant Name _____ Social Security Number _____

Date of Birth _____ Telephone _____

MARRIED or CIVIL UNION

UNMARRIED

DISABLED

SURVIVING SPOUSE

LEGALLY SEPARATED (YES / NO) If Yes, check UNMARRIED above

IF SPOUSE IS IN NURSING HOME IS HE/SHE ON TITLE 19?

YES

NO

DID YOU RECEIVE PUBLIC ASSISTANCE IN 2016?

YES

NO

DID YOU RENT FOR THE ENTIRE YEAR AT THE ABOVE ADDRESS?

YES

NO

INCOME

AGI (If tax return was filed, use line 22)

TAXABLE (WAGES, PENSIONS, INTEREST, DIVIDENDS)

NON-TAXABLE

SOCIAL SECURITY / SSI

OTHER

TOTAL

TOTAL EXPENSES

(Tenants must leave copies of ALL PAYMENTS with city staff)

RENT PAID (100%: YES OR NO) If NO, what % _____

Full Year RENT amount _____ (must have 12 rent receipts from 2016 or letter from landlord)

OIL PAYMENTS _____

GAS PAYMENTS _____

ELECTRIC PAYMENTS _____

**Please include CRT Energy Assistance Payments