# Certificate of Trust

It is hereby certified that I am/we are the Beneficiary(ies)/Homestead Applicant(s):

_____ _____

(Print name) (Applicant 1) (Print name) (Applicant 2)

and I am/we are entitled to the use and occupancy of the following real property for my/our lifetime(s) under the terms of the:

_____

(NAME OF TRUST) – This must match the Trust name on current deed.

Date of Trust _____/_____/_____; and therefore have sufficient equitable title to claim an entitlement to homestead exemption pursuant Connecticut General Statute §12-81oo and New Milford Town Ordinance Chapter 19, Article XII §19-61.

Applicant 1 –Email: _____

Applicant 2 –Email: _____

Location Address: _____

Parcel Unique ID: _____

I understand that pursuant to New Milford Town Ordinance Chapter 19, Article XII §19-69, any person who knowingly and willfully gives false information to claim a homestead exemption is subject to revocation of the homestead exemption, additional tax, and interest.

I certify all information on this form and any additional information submitted are true and correct to the best of my knowledge as of October 1 of this year.

Applicant 1 – Signature: _____ Date: _____

Applicant 2 – Signature: _____ Date: _____

Note: If more than two beneficiary(ies), please attach additional Certificate of Trust. Additional forms are available on our website: www.newmilford.org (Assessors Department). Please contact our office at (860) 355-6070 for any questions regarding this form.