

**ELDERLY OR TOTALLY DISABLED HOMEOWNERS' PROGRAM****REQUEST FOR EXTENSION OF TIME TO FILE**

Please complete the following information and return this letter, along with a letter from your doctor OR proof of IRS extension to the Connecticut Office of Policy and Management at the address below.

Applicant Name: \_\_\_\_\_

Address + Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am requesting an extension of time to file for the Elderly or Totally Disabled Homeowners' Program. I had a medical issue that prevented me from applying during the designated filing period February 1st through May 15th of this year OR was granted an extension to file my federal tax return by the IRS.

**Enclosed please find a letter of medical proof from my doctor OR proof of IRS extension.**

The statutory deadline for filing a Request for Extension of Time to File is August 15th.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send to: Office of Policy and Management  
450 Capitol Avenue  
MS #54GSU  
Hartford, CT 06106-1379

Or email to: [patrick.j.sullivan@ct.gov](mailto:patrick.j.sullivan@ct.gov)