

**RENTERS' REBATE PROGRAM REQUEST
FOR EXTENSION OF TIME TO FILE**

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

APPLICANT NAME _____

ADDRESS _____

TELEPHONE NUMBER (_____) _____-_____

I am requesting an extension of time to file for the Renters' Rebate Program. I had a medical issue that prevented me from applying during the designated filing period of April 1 through October 1 of this year.

Enclosed please find a letter of medical proof from my doctor.

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

Applicant Signature

Date

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

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