

**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 15<sup>th</sup>.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

updated 09/07/2022