Kenneth M. Mallette, Jr. RICA
Phone 401-728-2400 ext. 149
Email: kmallette@cumberlandri.org

Tina Freeman ext. 158
Jennifer St.George ext. 159
Fax: (401) 475-1851

45 BROAD ST
P.O. BOX 7
CUMBERLAND, RI 02864

TOTALLY DISABLED PROGRAM

Date: _____

Under the provisions of the ordinance titled "granting a Tax Exemption for the Totally Disabled" (02-35) on the assessed value of the person's residential real property, the social security administration shall determine if a person is totally disabled. Those deemed totally disabled and **under 65 years of age** shall file certified annual statements of income with the Assessor's Office on or before the last day on which sworn statements may legally be filed (March 15th).

I have read and understand the attached Ordinance # 02-35 Section 36-5

Signed: _____ Date: _____

Complete the following information

PROPERTY OWNER NAME			
MAILING ADDRESS			
SOCIAL SECURITY NUMBER			
DATE OF BIRTH		**AGE**	
ASSESSORS PLAT		**LOT**	
TELEPHONE NUMBER(S)			
OTHER OWNERS			

APPLICANT SIGNATURE

_____

TANGIBLE PROOF OF TOTAL INCOME MUST BE SUBMITTED AT THE TIME OF FILING. INCOME QUALIFICATIONS ARE CONTAINED IN THE ATTACHED ORDINANCE #02-35.
PLEASE READ ORDINANCE CAREFULLY.
YOUR APPLICATION WILL NOT BE REVIEWED WITHOUT THIS DOCUMENTATION.

Tangible proof includes:	Check if submitted
FORM SSA-1099*	
ANNUAL BANK INTEREST STATEMENTS	
ANNUAL DIVIDEND STOCK STATEMENTS	
ANNUAL PENSION INCOME STATEMENTS	
ANNUAL RENT RECEIPTS	
MISCELLANEOUS (see statement of income on following page)	

* **IF YOU NEED A COPY OF YOUR SSA-1099 YOU MUST CONTACT THE SOCIAL SECURITY DEPARTMENT:**

SOCIAL SECURITY
4 PLEASANT ST
PAWTUCKET, RI 02860

Local Phone Number:	**1-866-931-7079**
National Toll-Free:	**1-800-772-1213**
TTY	**1-401-729-1896**

STATEMENT OF INCOME

1. **Marital Status (circle one)**

SINGLE	MARRIED	WIDOW	DIVORCED

2. **Other Household Members:**

NAME	RELATIONSHIP

3. **Did you or any member of your household, receive any form of monetary assistance from any local, state, or federal agency during this year? (Circle one)**

YES	NO

4. **STATEMENT OF INCOME**

INCOME STATEMENTS	AMOUNT
Gross Social Security (His and/or Hers)	$
Retirement Pension	$
Veteran's Pension	$
Aid to the Blind	$
Aid to the Disabled	$
Unemployment Compensation	$
Worker's Compensation	$
Salary or Wages Earned	$
Bank Interest	$
Stock and/or Bond Dividends	$
Insurance Dividends	$
Capital Gain on sale of all properties	$
Rental or other income	$
TOTAL INCOME FROM ALL	$

CERTIFICATION

IF TOTALLY DISABLED PROGRAM IS TO BE MAINTAINED, I understand that I must fill out an application to the Assessor's Office each year on or before March 15th of the current tax year. I agree to revise the information annually and file a true and accurate accounting each year.

NOTE:
The Town of Cumberland reserves the right to investigate all the information provided by the applicant. Any discrepancies will be considered just cause for cancellation of the application for benefits under the Totally Disabled Program.

I swear that the foregoing information is true, complete, and correct.

Applicant Signature:

_____ Date: _____

Subscribed and sworn in Cumberland, RI this the _____ day of _____ year _____

_____ _____
Notary Public Commission Expires

FOR OFFICE USE ONLY:

ACCOUNT # _____

PLAT _____ LOT _____

EXEMPTION AMOUNT _____