

TOWN OF CUMBERLAND
TAX ASSESSOR'S OFFICE
P.O. BOX 7
CUMBERLAND, R.I. 02864
TELEPHONE: 401-728-2400 ext. 158, 159
FAX: 401-475-1851

Under the provisions of an ordinance granting an **Additional Tax Dollar** **deferral** on real estate owned and occupied by persons over 66 years of age who 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.

Date: ___/___/_____

Property Owners:

Name: _____

Social Security # ___/___/_____ Age _____ D.O.B. ___/___/_____

Address: _____ Plat/Lot: _____ Telephone: (____) _____ - _____

Other Owners: _____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

If Other Owner(s) is over 66 – D.O.B ___/___/_____

Is the Property Held in Trust? _____ If Yes, Please Attach a copy of the Trust.

Is the Property a Single Family Unit? _____ If Not, How many Units? _____

Tangible Proof Of Total Income Must Be Submitted At The Time Of Filing. Total Single Income Not Greater Than \$28,000 Per Year. Total Family/Household Income Not Greater Than \$33,000 From All Sources.

THIS INCLUDES:

1. FORM – SSA – 2458 FROM SOCIAL SECURITY
2. ANNUAL BANK INTEREST STATEMENTS
3. ANNUAL DIVIDEND STOCK STATEMENTS
4. ANNUAL PENSION STOCK STATEMENTS
5. ANNUAL RENT RECEIPTS
6. MISCELLANEOUS (see statement of income on page 2)

MARITAL STATUS: Single Married Widow(er) Divorced

Other **Members** of Household _____ Relationship _____

Are you a Legal Resident of R.I.? _____ R.I. Drivers License # _____

Are you Registered to Vote in Cumberland? _____

Did **you or any member of your household** receive any form of monetary assistance from any Local, State, or Federal agency during this year? _____

STATEMENT OF INCOME:

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 from sale of all properties	\$ _____
Rental or other income	\$ _____

TOTAL INCOME FROM **ALL** SOURCES: \$ _____

CERTIFICATION:

If Senior Deferment is to be maintained, I understand that I must make an application to the Assessor's Office each year **on or before April 15** 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 Senior Deferment Program.

I (We) hereby attest that I (We) have met the requirements set forth in both State and Local law and that the above information is **TRUE**. I (We) hereby attest that I (We) have read and understand the attached Ordinance No. 97-14, § 1, 5-7-97, 02-36, § 1, 12-4-02

Applicant: _____

Signature

Subscribed and sworn before me this ____ day of _____

Notary Public: _____ Comm. Expires: _____

FOR ASSESSOR'S OFFICE USE ONLY:

Account #: ___ - _____ - ___

Plat/Lot: ___ - _____ - ___

Deferment Status: _____

Approval Date: ___/___/_____

Assessor: _____ Original Year: ___/___/_____

NOTES

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THIS LIEN MUST BE FILED IN THE CUMBERLAND TOWN CLERK'S OFFICE

STATEMENT OF ENTRY INTO TAX DEFERRAL PROGRAM
In accordance with Ordinance No. 02-36, § 1, 12-4-02

PLAT _____ LOT _____ LOCATION _____

The Town of Cumberland hereby state that on the _____ day of _____
_____ it entered into a Tax Increase Deferral Program Agreement with:

Owners of the real property described above choose to defer taxes on said property for the _____ tax year. This lien is due upon either of the following: the property is disposed of by reason of transfer, conveyance or any of the applicant(s) interest by reason of death of the applicant(s), and all taxes so deferred to date shall become due and payable immediately.

_____ **Tax Amount Deferred \$** _____

Signature of applicants

Tax Assessor / Finance Director Town of Cumberland

Notary Public
My commission expires _____