



TOWN OF CUMBERLAND  
TAX ASSESSOR'S OFFICE  
P.O. BOX 7  
CUMBERLAND, R.I. 02864  
TELEPHONE: 401-728-2400 ext. 113,114  
FAX: 401-475-1851

Under the provisions of an ordinance granting an Additional Tax Dollar deferment 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.? \_\_\_\_\_ (Please attach copy of 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: \_\_\_\_\_

Please Print Name

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**