



TOWN OF CUMBERLAND

Tax Assessor

Limited Income Exemption

THIS FORM MUST BE RECEIVED BY MARCH 15TH

A. Personal Information

1. Name: _____
Last First Middle Initial Social Security Number

2. Applicant's Age: _____ Date of Birth: _____

3. Marital Status: Married _____ Single _____ Widow(er) _____

Spouse's Name: _____
Last First Middle Initial Social Security Number

4. Are you a legal resident of the State of Rhode Island? Yes _____ No _____

If married, is your spouse a legal resident of Rhode Island? Yes _____ No _____

B. Residence Information

5. Property Address: _____

6. When did you acquire this property? _____
Month Day Year

7. Do you reside at this address for 12 months each year? Yes _____ No _____

8. How many dwellings units at this location? 1 2 3 4 More than 4
(Circle appropriate number)

9. List the names of any other Joint or Co-Tenant(s) who occupy the said property:

10. Plat _____ Lot _____ Account Number _____

11. Opinion of current value \$ _____

