



# TOWN OF CUMBERLAND

## Tax Assessor

### Senior Deferment

Under the provisions of an ordinance granting an Additional Tax Dollar deferment on real estate owned and occupied by persons over 65 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 65 – 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 \$42,000 per year. Total family/household income not greater than \$50,000 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)



## TOWN OF CUMBERLAND

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widow(er) \_\_\_\_\_ Divorced \_\_\_\_\_

Other **Members** of Household \_\_\_\_\_

Relationship \_\_\_\_\_

Are you a legal resident of R.I.? \_\_\_\_\_ R.I Driver's 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 \$ \_\_\_\_\_

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** \$ \_\_\_\_\_



**TOWN OF CUMBERLAND**

**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 March 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: \_\_\_\_\_



# TOWN OF CUMBERLAND

## FOR ASSESSOR'S OFFICE USE ONLY

Account #: \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_

Plat/Lot \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Deferment Status: \_\_\_\_\_

Approval Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Assessor: \_\_\_\_\_ Original Year: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notes:



TOWN OF CUMBERLAND

Tax Assessor's Office  
P.O Box 7  
Cumberland, RI 02864  
Telephone: 401-728- 2400 ext. 158, 159  
Fax: 401-475-4851

**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 states that on the \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_ is 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 \_\_\_\_\_