

**ELDERLY HOMEOWNER'S TAX CREDIT**  
**QUALIFICATIONS/CREDITS**  
**FOR 2016 TAX BILL**

- (A) You or your spouse must be 65 years of age or older as of 12/31/15.
- (B) You must be a full or partial owner of the premises you occupy, and have owned and occupied property in South Kingstown for the past 5 years.
- (C) Your total gross household income must not exceed \$37,000 for 2015.

Proof of income such as W-2 forms, Social Security benefit statement or Form SSA-1099, private pension, dividend and interest statements must be provided annually in order to qualify for benefits.

**For capital gains**, you must also provide the 1099 provided by the brokerage firm and your 2015 income tax return. **We cannot accept your application without these documents.**

- (D) You must be legally domiciled in South Kingstown.
- (E) You must file an application no later than April 30, 2016.

<u>2015 GROSS INCOME</u>		<u>MAXIMUM CREDIT</u>
\$0 to	\$13,000.....	\$2,100
\$13,001 to	\$15,000.....	\$2,000
\$15,001 to	\$17,500.....	\$1,900
\$17,501 to	\$19,500.....	\$1,800
\$19,501 to	\$23,500.....	\$1,700
\$23,501 to	\$26,000.....	\$1,600
\$26,001 to	\$30,000.....	\$1,500
\$30,001 to	\$32,000.....	\$1,300
\$32,001 to	\$33,000.....	\$1,200
\$33,001 to	\$34,000.....	\$950
\$34,001 to	\$35,000.....	\$700
\$35,001 to	\$37,000.....	\$450

All elderly applicants must first pay 4% of their annual gross income towards taxes before they qualify for an exemption. Therefore, not all applicants will qualify for the full amount that appears under their income level.

**YOUR CREDIT WILL APPEAR ON YOUR JULY TAX BILL.**

FOR HELP IN FILLING OUT THIS ELDERLY FORM

ONLY IF YOU NEED ASSISTANCE COMPLETING THIS FORM, contact Jill Creamer, Senior Information Specialist, at the Senior Center at 25 St. Dominic Road (next to the YMCA on Broad Rock Road) to schedule an appointment.

Telephone Number: 789-0268

Jill is at the center daily from 8:00 a.m. until 3:30 p.m. She will help seniors complete the Elderly Form. A Notary may be available. If not, you may have your signature notarized at Town Hall when you deliver your documents.

Please be sure to bring all of your income verifications with you, as they are needed to complete the application. A copy of each verification must be attached to the application when you bring it to the Tax Assessor's Office. The Tax Assessor's Office will review the application when you drop it off.

PLEASE BE SURE TO READ THE APPLICATION FOR A LIST OF DOCUMENTS THAT ARE ACCEPTABLE.

**TOWN OF SOUTH KINGSTOWN  
2016 ELDERLY HOMEOWNERS' TAX CREDIT  
ANNUAL APPLICATION FORM**

- (A) YOU OR YOUR SPOUSE MUST BE 65 YEARS OF AGE OR OLDER AS OF 12/31/15.
- (B) YOU MUST BE A FULL OR PARTIAL OWNER OF THE PREMISES YOU OCCUPY, AND HAVE OWNED AND OCCUPIED PROPERTY IN SOUTH KINGSTOWN FOR THE LAST 5 YEARS.
- (C) YOUR TOTAL GROSS HOUSEHOLD INCOME MUST NOT EXCEED \$37,000 FOR 2015.
- (D) YOU MUST BE LEGALLY DOMICILED IN SOUTH KINGSTOWN.
- (E) YOU MUST HAVE FILED AN APPLICATION NO LATER THAN MARCH 15, 2016.

**EXTENDED TO APRIL 30, 2016 FOR THIS YEAR**  
(IF YOU MISS THIS DEADLINE, CONTACT THE ASSESSOR'S OFFICE)

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SPOUSE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ MARRIED AND LIVING WITH SPOUSE  
 \_\_\_\_\_ UNMARRIED (SINGLE, WIDOWED, DIVORCED)

DO YOU SHARE OWNERSHIP OF THIS PROPERTY WITH ANYONE OTHER THAN YOUR SPOUSE?        YES        NO IF YES, GIVE NAMES OF OWNERS \_\_\_\_\_

YOUR SHARE \_\_\_\_\_ %  
 AFFIDAVIT FOR SOLE ECONOMIC RESPONSIBILITY ON FILE?        YES        NO

WHERE ARE YOU REGISTERED TO VOTE? \_\_\_\_\_

**TOTAL GROSS HOUSEHOLD INCOME:** JANUARY 1, 2015 – DECEMBER 31, 2015

WAGES:	\$ _____	IRA & KEOUGH INCOME:	\$ _____
SOCIAL SECURITY:	\$ _____	ALIMONY:	\$ _____
PENSIONS:	\$ _____	FAMILY ASSISTANCE:	\$ _____
DISABILITY INCOME:	\$ _____	GIFTS & INHERITANCES:	\$ _____
SSI PAYMENTS:	\$ _____	RENTS & ROYALTIES:	\$ _____
INTEREST & DIVIDENDS:	\$ _____	BUSINESS INCOME:	\$ _____
OTHER INCOME:	\$ _____	CAPITAL GAINS:	*\$ _____

**\*FOR CAPITAL GAINS, YOU MUST PROVIDE THE 1099 PROVIDED BY THE BROKERAGE FIRM AND YOUR 2015 INCOME TAX RETURN. WE CANNOT ACCEPT YOUR APPLICATION WITHOUT THESE DOCUMENTS.**

TOTAL GROSS HOUSEHOLD INCOME..... \*\*\$ \_\_\_\_\_

**\*\*NOTE: PROOF OF INCOME SUCH AS W-2 FORMS, SOCIAL SECURITY BENEFIT STATEMENT OR FORM SSA-1099, PRIVATE PENSION, DIVIDEND AND INTEREST STATEMENTS MUST BE PROVIDED ANNUALLY IN ORDER TO QUALIFY FOR BENEFITS.**

**THIS FORM MUST BE NOTARIZED**

ARE YOU PARTICIPATING IN THE STATE OF RHODE ISLAND PROPERTY TAX RELIEF PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

THIS FORM WILL BE AVAILABLE IN THE TAX ASSESSOR'S OFFICE THIS YEAR. (FOR HELP WITH THIS FORM, CALL THE R I DIVISION OF TAXATION).

AFFIDAVIT: (TO BE SIGNED IN THE PRESENCE OF DESIGNATED NOTARY)

THE ABOVE-NAMED APPLICANT, BEING DULY SWORN, DEPOSES AND SAYS THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE AND CLAIMS QUALIFICATION UNDER THE PROVISIONS OF THE LAWS OF THE STATE OF RHODE ISLAND AND ORDINANCES OF THE TOWN OF SOUTH KINGSTOWN. THE ABOVE-NAMED APPLICANT IS AWARE THAT THE ASSESSOR MAY NEED TO CONTACT BANKS, INVESTORS, STOCK BROKERS, ETC. IF FURTHER INFORMATION, VERIFICATION OR EXPLANATION IS REQUIRED. THE ABOVE-NAMED APPLICANT IS ALSO AWARE OF THE PENALTY FOR MAKING FALSE AFFIDAVIT.

STATE OF RHODE ISLAND

COUNTY OF WASHINGTON

TOWN OF SOUTH KINGSTOWN

Signature of Applicant \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME:

NOTARY PUBLIC \_\_\_\_\_  
(Print name)

DATE: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

AUTHORIZATION: (THE FOLLOWING SPACE IS FOR THE TAX ASSESSOR'S USE)

TAX AS ASSESSED: \_\_\_\_\_

TAX CREDIT ALLOWED: \_\_\_\_\_

NET TAX: \_\_\_\_\_

MAP: \_\_\_\_\_

LOT: \_\_\_\_\_

ASSMT: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
TOWN ASSESSOR

\*\*PLEASE NOTE THAT THE DEPARTMENT OF ASSESSMENT CONDUCTS RANDOM ANNUAL AUDITS OF THESE APPLICATIONS.