

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.

**2-PAGE FORM STARTS ON
NEXT PAGE**

**TOWN OF SOUTH KINGSTOWN
2019 ELDERLY HOMEOWNERS' TAX CREDIT
ANNUAL APPLICATION FORM**

- (A) YOU OR YOUR SPOUSE MUST BE 65 YEARS OF AGE OR OLDER AS OF 12/31/18.
- (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 2018.**
- (D) YOU MUST BE LEGALLY DOMICILED IN SOUTH KINGSTOWN.
- (E) YOU MUST HAVE FILED AN APPLICATION NO LATER THAN MARCH 15, 2019.

EXTENDED TO APRIL 30, 2019 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, 2018 – DECEMBER 31, 2018

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 2018 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.**