

**TOWN OF CHARLESTOWN
RHODE ISLAND**

2020
(Assessment Year 2019)

**LOW INCOME
SENIOR CITIZEN TAX BENEFIT PROGRAM
APPLICATION**

APPLICATION MUST BE FILED BY MARCH 1ST

APPLICANT'S PERSONAL INFORMATION

APPLICANT'S NAME: _____

SPOUSE'S NAME: _____

OTHER OCCUPANT'S NAME(S): _____

APPLICANT'S BIRTHDATE: ____/____/____

MARITAL STATUS: _____ TEL.NO.: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

HAVE YOU BEEN A RESIDENT AND PROPERTY TAXPAYER IN THE TOWN OF CHARLESTOWN FOR A PERIOD OF ONE (1) YEAR PREVIOUS TO FILING THIS FORM?

YES NO

DO YOU SHARE OWNERSHIP OF YOUR RESIDENCE WITH ANYONE OTHER THAN YOUR SPOUSE?

YES NO

IF 'YES' – NAME(S): _____ RELATIONSHIP _____

_____ RELATIONSHIP _____

Senior Citizen, Low Income Tax Credit Program

- A. If the applicant's total household income is not more than \$22,610 **INCLUDING** social security, he/she shall be entitled to a \$1,150 tax credit or,
- B. If the applicant's total household income is \$22,611 to \$33,915, **INCLUDING** social security, the tax credit shall be \$750.

GENERAL INSTRUCTIONS

Complete this application and the financial statement. Make sure to sign the forms and have notarized where stated. Include all required copies and return to:

**CHARLESTOWN TAX ASSESSOR
4540 SOUTH COUNTY TRAIL
CHARLESTOWN RI 02813**

FINANCIAL STATEMENT

(1) TOTAL ANNUAL SOCIAL SECURITY PAYMENTS RECEIVED FOR THE APPLICANT, SPOUSE AND ALL OTHER HOUSEHOLD OCCUPANTS.

(SSA / SSI) \$ _____.

(2) INCOME OF ALL HOUSEHOLD MEMBERS:

WAGES:	\$ _____
RETIREMENT BENEFITS:	\$ _____
ASSISTANCE FROM FAMILY / RELATIVES	\$ _____
INHERITANCE:	\$ _____
ROYALTIES:	\$ _____
DISABILITY INCOME:	\$ _____
OTHER – NON-INVESTMENT INCOME	\$ _____

(3) INVESTMENT INCOME

INVESTMENT AND/OR DIVIDENDS:	\$ _____
BANK INTEREST	\$ _____
TAX EXEMPT BONDS:	\$ _____
CAPITAL GAINS:	\$ _____
BUSINESS INCOME:	\$ _____
FARM INCOME:	\$ _____
RENT INCOME:	\$ _____
GAIN FROM SALE OF REAL PROPERTY:	\$ _____
OTHER INVESTMENT INCOME:	\$ _____
TOTAL	\$ _____

Copies of documents for the above statements must be supplied.

(EXAMPLE: SSA-1099, 1099R, 1099INT, 1099DIV for the year 2019.
Please include any other statements of income)
