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:

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAGES</td>
<td>$__________</td>
</tr>
<tr>
<td>RETIREMENT BENEFITS</td>
<td>$__________</td>
</tr>
<tr>
<td>ASSISTANCE FROM FAMILY / RELATIVES</td>
<td>$__________</td>
</tr>
<tr>
<td>INHERITANCE</td>
<td>$__________</td>
</tr>
<tr>
<td>ROYALTIES</td>
<td>$__________</td>
</tr>
<tr>
<td>DISABILITY INCOME</td>
<td>$__________</td>
</tr>
<tr>
<td>OTHER – NON-INVESTMENT INCOME</td>
<td>$__________</td>
</tr>
</tbody>
</table>

(3) INVESTMENT INCOME

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVESTMENT AND/OR DIVIDENDS:</td>
<td>$__________</td>
</tr>
<tr>
<td>BANK INTEREST</td>
<td>$__________</td>
</tr>
<tr>
<td>TAX EXEMPT BONDS:</td>
<td>$__________</td>
</tr>
<tr>
<td>CAPITAL GAINS:</td>
<td>$__________</td>
</tr>
<tr>
<td>BUSINESS INCOME:</td>
<td>$__________</td>
</tr>
<tr>
<td>FARM INCOME:</td>
<td>$__________</td>
</tr>
<tr>
<td>RENT INCOME:</td>
<td>$__________</td>
</tr>
<tr>
<td>GAIN FROM SALE OF REAL PROPERTY:</td>
<td>$__________</td>
</tr>
<tr>
<td>OTHER INVESTMENT INCOME:</td>
<td>$__________</td>
</tr>
</tbody>
</table>

**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)*
IMPORTANT
ARE YOU REQUIRED BY INTERNAL REVENUE SERVICE REGULATIONS TO FILE A FEDERAL INCOME TAX RETURN?

☐ YES  ☐ NO

IF ‘YES’ – ATTACH A TRUE COPY OF YOUR CURRENT FEDERAL INCOME TAX RETURN.

THE NAME OF APPLICANT MUST APPEAR ON THE RECORD OF OWNERSHIP.

AFFIDAVIT

The above named applicant, deposes and says that the above statements, with the attachments hereto, are true and complete, and claims exemptions and/or tax relief under applicable provisions of the laws of the State of Rhode Island and Ordinances of the Town of Charlestown.

THE APPLICANT IS AWARE OF THE PENALTY FOR MAKING FALSE AFFIDAVIT

___________________________________________________________________________

Signature of Applicant

FOR ASSESSOR’S USE ONLY

ACCOUNT NUMBER _____ - ______ - _________  MAP _____LOT ________

ASSESSMENT _______________ TOTAL INCOME _______________

APPROVED:_________________         DENIED:_________________

BY:__________________ DATE:__________________

REASON:___________________________________________________________________________