

**FOR ASSISTANCE IN FILLING OUT THIS ELDERLY  
FORM:**

Contact Jill Creamer, Senior Information Specialist, at the Senior Center located at 25 St. Dominic Road (next to the YMCA on Broad Rock Road) to schedule an appointment. Telephone Number: 401-789-0268

Jill is at the center daily from 8:00 a.m. until 3:30 p.m. She will help seniors complete the elderly tax credit application.

Or

You may contact the Tax Assessor's Department at: 401-789-9331 Option 3.

Please be sure to bring all 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**  
**2023 ELDERLY TAX CREDIT ANNUAL APPLICATION**

- (A) YOU OR YOUR SPOUSE MUST BE 65 YEARS OF AGE OR OLDER AS OF **12/31/22**.
- (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 \$45,197**.
- (D) YOU MUST BE LEGALLY DOMICILED IN SOUTH KINGSTOWN.
- (E) YOU MUST HAVE FILED AN APPLICATION NO LATER THAN MARCH 15, 2023. (Printed 03/01/2023).

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, PLEASE GIVE NAMES OF OTHER OWNERS: \_\_\_\_\_

\_\_\_\_\_ YOUR SHARE \_\_\_\_\_%

AFFIDAVIT FOR SOLE RESPONSIBILITY ON FILE? \_\_\_\_ YES \_\_\_\_ NO

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

ALTERNATE CONTACT NAME: \_\_\_\_\_ PH: \_\_\_\_\_

**TOTAL GROSS HOUSEHOLD INCOME\*\*: JANUARY 1, 2022 – DECEMBER 31, 2022**

**DO NOT ROUND FIGURES. PLEASE WRITE ZERO IF NOT APPLICABLE, ALL FIELDS MUST BE COMPLETE)**

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

\*\*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.**

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

(PLEASE REFRAIN FROM SIGNING UNLESS IN THE PRESENCE OF A NOTARY)

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

**Signature of Applicant:** \_\_\_\_\_  
**(NOTARIZATION REQUIRED)**

**FOR NOTARY USE ONLY**

Subscribed and sworn to before me, on this \_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_ (year)

Notary Public (Name): \_\_\_\_\_

Notary Public (Signature): \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Notary Public ID: \_\_\_\_\_ My Commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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**FOR TAX ASSESSOR DEPARTMENT USE ONLY**

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

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

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

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

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

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

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

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

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