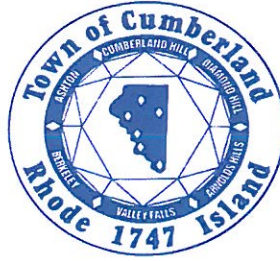


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Application for Limited Income Exemption  
Pursuant To R.I.G.L. 44-3-3 (16)

**THIS FORM MUST BE RECEIVED BY MARCH 15<sup>TH</sup>**

Date \_\_\_\_\_

**A. Personal Information**

1. Name: \_\_\_\_\_  
Last First Middle Initial Social Security Number
2. Applicants Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widow(er) \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_  
Last First Middle Initial Social Security Number
4. Are you a legal resident of the State of Rhode Island? Yes \_\_\_\_\_ No \_\_\_\_\_  
If married, is your spouse a legal resident of Rhode Island? Yes \_\_\_\_\_ No \_\_\_\_\_

**B. Residence Information**

5. Property Address: \_\_\_\_\_
6. When did you acquire this property? \_\_\_\_\_  
Month Day Year
7. Do you reside at this address for 12 months each year? Yes \_\_\_\_\_ No \_\_\_\_\_
8. How many dwellings units at this location? 1 2 3 4 More than 4  
(Circle appropriate number)
9. List the names of any other Joint or Co-Tenant(s) who occupy the said property:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Plat \_\_\_\_\_ Lot \_\_\_\_\_ Account Number \_\_\_\_\_
11. Opinion of current value \$ \_\_\_\_\_

**C. Financial Information**

Income; (if married, include income of spouse Also include income of any other Joint or Co-Tenant(s) living in the residence.)

Wages, Salaries, Tips	
Dividends	
Social Security	
Interest	
Pensions, Annuities, Retirement	
Business income	
Capital gains, Gifts, or Inheritances	
Rents or royalties	
Other (explain)	
<b>Total Income</b>	

**D. Real Estate Holdings** - List below all Real Estate holdings owned in any form exclusive of the residence listed in part B of this application. Holding should include properties outside of Cumberland.

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Value\$ \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Value\$ \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Value\$ \_\_\_\_\_

**E. Motor Vehicles & Equipment** - List below all motor vehicles and equipment including boats registered in Rhode Island or any other State.

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Taxed Value \$ \_\_\_\_\_  
Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Taxed Value \$ \_\_\_\_\_  
Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Taxed Value \$ \_\_\_\_\_

**F. Household Furnishings and Collectibles of Value**

Estimate of household furnishings and equipment in your possession \$ \_\_\_\_\_  
Estimate of antiques, collectibles, or articles other than above \$ \_\_\_\_\_

**G. Other Assets**

1. Checking Account (average balance)	\$ _____
2. Savings Account (average balance)	\$ _____
3. Certificate of Deposit	\$ _____
4. Stocks, bonds, etc.	\$ _____
5. Money on hand (average balance)	\$ _____
Total Balance \$ _____	

**Note: This form must be filled out and filed by March 15<sup>th</sup> of each year. Failure to complete this form or sending it back with missing or incorrect data may result in the exemption being denied. If you need help or have a question please call the Assessor Office at 401-728-2400.**

**I, the undersigned, do hereby swear or affirm that the above information is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
**Date**

**Signature or preparer if other than applicant** \_\_\_\_\_  
*Signature*

**Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_