



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

THIS FORM MUST BE RECEIVED BY MARCH 15TH

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)	
Total Income	

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 15th 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 _____