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45 BROAD ST  
P.O. BOX 7  
CUMBERLAND, RI 02864

**TOTALLY DISABLED PROGRAM**

Date: \_\_\_\_\_

Under the provisions of the ordinance titled "granting a Tax Exemption for the Totally Disabled" (02-35) on the assessed value of the person's residential real property, the social security administration shall determine if a person is totally disabled. Those deemed totally disabled and **under 65 years of age** shall file certified annual statements of income with the Assessor's Office on or before the last day on which sworn statements may legally be filed (**March 15<sup>th</sup>**).

**I have read and understand the attached Ordinance # 02-35 Section 36-5**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete the following information**

<b>PROPERTY OWNER NAME</b>			
<b>MAILING ADDRESS</b>			
<b>SOCIAL SECURITY NUMBER</b>			
<b>DATE OF BIRTH</b>		<b>AGE</b>	
<b>ASSESSORS PLAT</b>		<b>LOT</b>	
<b>TELEPHONE NUMBER(S)</b>			
<b>OTHER OWNERS</b>			

**APPLICANT SIGNATURE**

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**TANGIBLE PROOF OF TOTAL INCOME MUST BE SUBMITTED AT THE TIME OF FILING. INCOME QUALIFICATIONS ARE CONTAINED IN THE ATTACHED ORDINANCE #02-35.**

**PLEASE READ ORDINANCE CAREFULLY.**

**YOUR APPLICATION WILL NOT BE REVIEWED WITHOUT THIS DOCUMENTATION.**

Tangible proof includes:	Check if submitted
FORM SSA-1099*	
ANNUAL BANK INTEREST STATEMENTS	
ANNUAL DIVIDEND STOCK STATEMENTS	
ANNUAL PENSION INCOME STATEMENTS	
ANNUAL RENT RECEIPTS	
MISCELLANEOUS (see statement of income on following page)	

**\* IF YOU NEED A COPY OF YOUR SSA-1099 YOU MUST CONTACT THE SOCIAL SECURITY DEPARTMENT:**

**SOCIAL SECURITY  
4 PLEASANT ST  
PAWTUCKET, RI 02860**

**Local Phone Number: 1-866-931-7079  
National Toll-Free: 1-800-772-1213  
TTY 1-401-729-1896**

## **STATEMENT OF INCOME**

**1. Marital Status (circle one)**

<b>SINGLE</b>	<b>MARRIED</b>	<b>WIDOW</b>	<b>DIVORCED</b>
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**2. Other Household Members:**

NAME	RELATIONSHIP

**3. Did you or any member of your household, receive any form of monetary assistance from any local, state, or federal agency during this year? (Circle one)**

**YES**      **NO**

**4. STATEMENT OF INCOME**

INCOME STATEMENTS	AMOUNT
Gross Social Security (His and/or Hers)	\$
Retirement Pension	\$
Veteran's Pension	\$
Aid to the Blind	\$
Aid to the Disabled	\$
Unemployment Compensation	\$
Worker's Compensation	\$
Salary or Wages Earned	\$
Bank Interest	\$
Stock and/or Bond Dividends	\$
Insurance Dividends	\$
Capital Gain on sale of all properties	\$
Rental or other income	\$
<b>TOTAL INCOME FROM ALL</b>	\$

## **CERTIFICATION**

**IF TOTALLY DISABLED PROGRAM IS TO BE MAINTAINED,** I understand that I must fill out an application to the Assessor's Office each year on or before March 15<sup>th</sup> of the current tax year. I agree to revise the information annually and file a true and accurate accounting each year.

**NOTE:**

The Town of Cumberland reserves the right to investigate all the information provided by the applicant. Any discrepancies will be considered just cause for cancellation of the application for benefits under the Totally Disabled Program.

I swear that the foregoing information is true, complete, and correct.

**Applicant Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn in Cumberland, RI this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

\_\_\_\_\_ Notary Public

\_\_\_\_\_ Commission Expires

**FOR OFFICE USE ONLY:**

ACCOUNT # \_\_\_\_\_

PLAT \_\_\_\_\_ LOT \_\_\_\_\_

EXEMPTION AMOUNT \_\_\_\_\_