

FOR ASSISTANCE IN FILLING OUT THIS ELDERLY FORM:

Contact Jill Cogean, 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 Department of Assessment 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 Department of Assessment. The Town Assessor's staff 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
2026 ELDERLY TAX CREDIT ANNUAL APPLICATION

(A) YOU OR YOUR SPOUSE MUST BE 65 YEARS OF AGE OR OLDER AS OF 12/31/25.

COPY OF DRIVERS' LICENSE REQUIRED.

(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 \$49,717**

(D) YOU MUST BE LEGALLY DOMICILED IN SOUTH KINGSTOWN

(E) YOU MUST HAVE FILED AN APPLICATION NO LATER THAN MAY 15, 2026.

(YOU CAN FILE AFTER THIS DATE BUT WILL RECEIVE AN ABATEMENT AFTER THE TAX BILL IS ISSUED)

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, 2025 – DECEMBER 31, 2025

(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:	\$ _____

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

****NOTE: 1040 FEDERAL TAX RETURN REQUIRED****

PROOF OF INCOME **MUST BE PROVIDED ANNUALLY IN ORDER TO QUALIFY THE TAX CREDIT BENEFITS.**
W-2, SOCIAL SECURITY STATEMENT (FORM SSA-1099), PRIVATE PENSION, DIVIDEND AND INTEREST STATEMENTS

(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 (Signature): _____

Notary Public ID: _____

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

FOR DEPARTMENT OF ASSESSMENT USE ONLY

MAP/LOT: _____

COPY OF DRIVERS' LICENSE: _____

ACCOUNT #: _____

REGISTERED TO VOTE: _____

ASSESSMENT: _____

RESIDENT FOR 5 YEARS: _____