

TOWN OF CHARLESTOWN
RHODE ISLAND
2026

INCOME YEAR 2025

LOW INCOME
SENIOR CITIZEN TAX BENEFIT PROGRAM
APPLICATION

Ordinance- Chapter 192 Taxation Article 1A Additional Elderly Low Income Tax Benefit Program

APPLICATION MUST BE FILED BY MARCH 1ST
APPLICANT'S PERSONAL INFORMATION

APPLICANT'S NAME: _____

SPOUSE'S NAME: _____

OTHER OCCUPANT'S NAME(S): _____

APPLICANT'S BIRTHDATE: ____ / ____ / ____

MARITAL STATUS: _____

TEL. NO.: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

HAVE YOU BEEN A RESIDENT AND PROPERTY TAXPAYER IN THE TOWN OF CHARLESTOWN FOR A PERIOD OF ONE (1) YEAR PREVIOUS TO FILING THIS FORM?

YES NO

DO YOU SHARE OWNERSHIP OF YOUR RESIDENCE WITH ANYONE OTHER THAN YOUR SPOUSE?

YES NO

IF 'YES' – NAME(S): _____

RELATIONSHIP _____

RELATIONSHIP _____

Senior Citizen, Low Income Tax Credit Program

- A. If the applicant's total household income is not more than **\$28,754** *INCLUDING* social security, he/she shall be entitled to a \$1,150 tax credit or,
- B. If the applicant's total household income is **\$28,755** to **\$43,131**, *INCLUDING* social security, the tax credit shall be \$750.

GENERAL INSTRUCTIONS

**Complete this application and the financial statement. Make sure to sign the forms where stated.
Include all required copies and return to:**

**CHARLESTOWN TAX ASSESSOR
4540 SOUTH COUNTY TRAIL
CHARLESTOWN, RI 02813**

FINANCIAL STATEMENT

(1) TOTAL ANNUAL SOCIAL SECURITY PAYMENTS RECEIVED FOR THE APPLICANT,
SPOUSE AND ALL OTHER HOUSEHOLD OCCUPANTS.

(SSA / SSI) \$ _____.

(2) INCOME OF **ALL** HOUSEHOLD MEMBERS:

WAGES:	\$ _____
RETIREMENT BENEFITS:	\$ _____
ASSISTANCE FROM FAMILY / RELATIVES	\$ _____
INHERITANCE:	\$ _____
ROYALTIES:	\$ _____
DISABILITY INCOME:	\$ _____
OTHER – NON-INVESTMENT INCOME	\$ _____

(3) INVESTMENT INCOME

INVESTMENT AND/OR DIVIDENDS:	\$ _____
BANK INTEREST	\$ _____
TAX EXEMPT BONDS:	\$ _____
CAPITAL GAINS:	\$ _____
BUSINESS INCOME:	\$ _____
FARM INCOME:	\$ _____
RENT INCOME:	\$ _____
GAIN FROM SALE OF REAL PROPERTY:	\$ _____
OTHER INVESTMENT INCOME:	\$ _____

TOTAL \$ _____

Copies of documents for the above statements must be supplied.

(EXAMPLE: SSA-1099, 1099R, 1099INT, 1099DIV for the year **2025**.)

Please include any other statements of income)

AFFIDAVIT

The above-named applicant, deposes and says that the above statements, with the attachments hereto, are true and complete, and claims exemptions and/or tax relief under applicable provisions of the laws of the State of Rhode Island and Ordinances of the Town of Charlestown.

THE APPLICANT IS AWARE OF THE PENALTY FOR MAKING FALSE AFFIDAVIT

Signature of Applicant DATE: _____



FOR ASSESSOR'S USE ONLY

ACCOUNT NUMBER: _____ MAP _____ LOT _____

ASSESSMENT: _____ TOTAL INCOME: _____

APPROVED: _____ DENIED: _____

BY: _____ DATE: _____

REASON FOR DENIAL: _____