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MAYOR



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DIVISION OF ASSESSMENT
869 Park Ave, Cranston, RI 02910
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APPLICATION FOR FREEZE OF TAX RATE AND VALUATION ON REAL PROPERTY

Deadline for filing is March 15

For persons 65 years of age or over, or those that are totally disabled, residing in a single- or two-family owner-occupied dwelling with annual income from all sources totaling **\$33,850 or less** per year for occupancy of one person or totaling **\$38,700 or less** per year for occupancy of more than one person. Financial data for all household income **must be reported**. This application must be filed *each year*.

COPIES OF ANNUAL INCOME DOCUMENTATION FROM ALL SOURCES FOR ALL RESIDENTS MUST BE SUBMITTED INCLUDING (BUT NOT LIMITED TO): SOCIAL SECURITY BENEFIT STATEMENT FORM (SSA-1099) AND ALL OTHER 1099'S, W-2'S, 1040'S, AND INTEREST ON ALL INVESTMENT ACCOUNTS. APPLICATIONS WITHOUT DOCUMENTATION WILL BE DENIED.

Complete form in full & mail to: City of Cranston Tax Assessor 869 Park Ave, Cranston, RI 02910.

1. Name: _____
 2. Address: _____
 3. Property type: Single Family: _____ Two Family: _____ Condo: _____ Other: _____
 4. Do you own property in any other Town, City, or State: Yes: _____ No: _____
- If yes, provide address: _____
5. Age: _____ Birth date _____ Telephone number: _____
 6. Marital Status: Single: _____ Married: _____ Widowed: _____ Divorced: _____
 7. List all residents of this property, including both name(s) and relationship to Applicant:

By signing below, I hereby declare under penalty of perjury that the information herein, including attachments, if any, is true, correct, completed and all sources of household annual income of all residents has been reported and documented with submission of this Application.

Signature of applicant: _____
(If exemption is marital, both spouses must sign)

Dated: _____

Signature of applicant: _____

Dated: _____

BELOW FOR ASSESSOR USE ONLY

Subscribed and sworn to before me on this _____ day of _____, 20____



Signature of Assessor's Agent