



DIVISION OF ASSESSMENT
869 Park Ave, Cranston, RI 02910
401.780.3183

APPLICATION FOR FREEZE OF TAX RATE & VALUATION ON REAL PROPERTY

Deadline for filing is March 15, 2025

Original applications must be received IN OFFICE. Postmarks are NOT accepted. NO EXCEPTIONS.

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 **\$39,350 or less** per year for occupancy of one person or totaling **\$45,000 or less** per year for occupancy of more than one person. This application & financial data for **all household income** must be reported each year. **Copies of annual income documentation from all sources for all residents must be submitted. Applications without documentation will be denied.**

Complete form **in full** & submit **with supporting documents** to: Tax Assessor's, 869 Park Ave, Cranston, RI 02910 attn: B Smith

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: _____

Preferred contact name & phone (if different): _____

6. Marital Status: Single: _____ Married: _____ Widowed: _____ Divorced: _____

7. List ALL ADDITIONAL RESIDENTS of this property, including name, relationship to applicant, and birthdate.

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: _____ Dated: _____

Signature of applicant: _____ Dated: _____

(If exemption is marital, both spouses must sign)

BELOW FOR ASSESSOR USE ONLY

Subscribed and sworn to before me on _____ by _____

2025 TAX FREEZE APPLICATION CHECK LIST

Please use the following checklist as a guide to assist you in submitting your income documents.

ALL INCOME MUST BE REPORTED EVEN IF NOT LISTED BELOW.

Any of the documents listed below should be included with your application, if you or anyone in the household receives them.

- ALL DOCUMENTS MUST BE SUMMARIES FOR THE YEAR **2024**.
- Documents must be provided for **EVERY PERSON** living in the household.
- DEADLINE TO RECEIVE APPLICATIONS *IN OFFICE* IS **MARCH 15TH**. Postmarks will not be accepted.
- **LATE APPLICATIONS WILL NOT BE ACCEPTED FOR ANY REASON. NO EXCEPTIONS!**

Please include:

- Your application, **completed *IN FULL***
AND ANY OF THE FOLLOWING THAT ARE APPLICABLE TO YOU OR ANY/ALL OCCUPANTS:
- SSA 1099 – it should read “**2024**” and have a **pink box**. This is *not* your annual renewal letter.
- SSI/*Supplemental Income*: an SSI summary statement from Social Security is required if you do not receive a 1099 (see sample 1099 for help with this).
- W2 from any/all employers if you are currently working or worked at all in 2024.
- Investment account interest. *If you have any accounts where funds are reinvested, please provide proof of redistribution or received/distributed funds will be counted as income.
- Any rent receipts or a lease agreement. ***If you own any rentable property (in-law, 2-family, and/or additional real estate) and do not provide income and/or the rentable space is reported as/considered vacant, HUD-determined economic rent will be applied.***
- Any 1040s or similar you may receive.
- Any retirement interest or funeral fund interest or similar.
- Any income received from property sales or similar.
- Any worker’s compensation or insurance claim income or similar.
- Any miscellaneous income not listed above. This includes, but is not limited to, any income that would be considered reportable on taxes- regardless of if you file an income tax return – such as unemployment or TDI, etc. Mortgage interest is NOT counted as income.
- *If any individual occupants do not receive income, ***a signed and notarized affidavit is required in lieu of income documentation, per occupant.*** The senior center can assist with this.
- *DO NOT INCLUDE: what you *will be receiving* from Social Security for 2025.
- *DO NOT INCLUDE: paystubs/bank statements or your tax return.

- If you need to request a **1099**, please contact Social Security at 1.877.402.0808 and follow the automated prompts.
- For an **SSI summary**, please call the same number and speak to a representative.
- Additional assistance is provided through the Cranston Senior Center if needed 401.780.6254.
- You may also call the Assessor’s office with any questions 401.780.3181.

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2024 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name JOHN J SMITH		Box 2. Beneficiary's Social Security Number XXX-XX-XXXX
Box 3. Benefits Paid in 2019 1,234.00	Box 4. Benefits Repaid to SSA in 2019 NONE	Box 5. Net Benefits for 2019 (Box 3 minus Box 4) 1,234.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit 1,234.00 Benefits for 2023 1,234.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address JOHN J SMITH 123 AVENUE DRIVE CRANSTON, RI 02920
		Box 8. Claim Number (Use this number if you need to contact SSA.) XXX-XX-XXXXA