

Acct #:

Exemption begins in:

(Staple Here)

Town of North Kingstown, Rhode Island**Total Disabled Under Age 65 Exemption - Application**

(Application Deadline is March 15th)

Pursuant to Rhode Island General Laws and the Town of North Kingstown's Ordinances, this application is for the entitlement of a Total Disabled Tax Exemption.

North Kingstown's Total Disabled Tax Exemption ordinance is available upon request.

Please note that there shall be only one (1) Total Disabled Exemption per qualified parcel.

APPLICANT INFORMATION: (Please print)

Name: _____ D.O.B.: _____

Address: _____ Plat & Lot: _____

Mailing Address: _____ Phone: _____

Other address if less than two year's at current residence: _____

PROOF OF IDENTIFICATION : Driver's License () or Birth Certificate ()**PROOF OF 100% DISABILITY PER SS ADMINISTRATION: please attach copy****CONFIDENTIAL STATEMENT OF INCOME FOR ALL HOUSEHOLD OCCUPANTS**Documentation **MUST** be provided for ALL Household Occupants

Wages, salaries, tips	_____
Pensions and Annuities	_____
Insurance Proceeds of Reverse Mtg pay	_____
Social Security, SSI or other Fed benefits	_____
IRA Distributions, Interest, Dividends	_____
Unemployment Benefits, Alimony or Support	_____
Any other income received	_____
Total Income	\$ _____

SIGN and DATE APPLICATION:

By signing below, I/we attest that all information provided is true and accurate. All requirements have been read and understood, and I/we meet all of the requirements of this exemption.

Signature

Date

Signature

Date

For Assessor's Office Use Only Below This Line

Current property listed above owned since: _____

If owned and occupied for less than 5 years, list other qualifying property and dates below:

Address: _____ Owned From: _____ to _____

Address: _____ Owned From: _____ to _____

Copies of Income Documentation attached: _____ SS Statement of Disability _____

Tax Assessor's Approval: _____

Tax Assessor's Signature

Date