

100% DISABLED VETERAN EXEMPTION APPLICATION

TOWN OF BARRINGTON

APPLICATION FOR TAX EXEMPTION



Name: _____
Estate Held In: _____
Property Address: _____
Account Number: _____
Plat / Lot: _____
Date of Birth: _____
Home Phone: _____
Cell Phone: _____
E-Mail Address: _____

Date: _____

This application provides a reduction of \$341.56 off of your real estate tax bill. You must be a qualified **resident** who maintains a **permanent** place of abode in the Town of Barrington and is present in the Town of Barrington for an aggregate of **more than 183** days in any calendar year. You must supply a copy of your Social Security Award letter, clearly stating that your award is for 100% disability and not for retirement or survivorship benefits.

Please answer the following questions;

Yes No 1. The home I am requesting exemption from is my **permanent** place of abode.

Yes No 2. I reside in the above referenced home at least 183 days in a calendar year.

Yes No 3. I am **not** receiving a disability exemption from any other city/town in Rhode Island

Yes No 4. I am **not** receiving a disability exemption from any other state.

In the event that any eligible property shall be owned by two or more eligible persons, only one such person may file an application for exemption pursuant to 169-8.

Signature: _____ Date: _____

This form must be received by the Assessor's Office no later than APRIL 1ST

NOTARY PUBLIC

State of Rhode Island

County of _____

State of _____

Subscribed and sworn to before _____

this the _____ day of _____ (month) **20**

My commission expires: _____

Date of Expiration _____

Signature of Notary _____

THIS APPLICATION WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED

ASSESSOR'S OFFICE USE ONLY

PROOF OF AGE SUBMITTED BY THE APPLICANT

Drivers License Birth Certificate Baptismal Certificate Certificate of Citizenship

Exemption Granted Exemption Denied

Signature: _____ Date: _____