

# 100% DISABLED EXEMPTION APPLICATION (DUE 03-31-2022)

Today's Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Property Address: \_\_\_\_\_

Plat / Lot: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Life Estate Held By: \_\_\_\_\_

Trustee of Trust: \_\_\_\_\_

Beneficiary of Trust: \_\_\_\_\_

ALTERNATE CONTACT INFO:	
Name:	_____
Relation:	_____
Address:	_____
City/State/Zip:	_____
Phone Number:	_____
E-Mail Address:	_____

**Please answer the following questions;**

- Yes     No    1. Have you been determined to be 100% disabled?
- Yes     No    2. Is the home you are requesting exemption in your **permanent** place of residence?
- Yes     No    3. Do you reside in the above referenced home at least **183-days** in a calendar year?
- Yes     No    4. Are you receiving a Disability Exemption in any other City/Town in Rhode Island?
- Yes     No    5. Are you receiving a Disability Exemption in any other state in the USA?

Household Size:  One  Two  Three  Four  Five  Six  Other \_\_\_\_\_

In the event that any eligible property shall be owned by two or more eligible persons, only one such person may receive any such exemption. The applicant must be an owner of the property in order to receive the exemption. Please attach a copy of your driver's license, passport (or other photo ID).

Under the provisions of an ordinance granting certain assessment reductions on real estate owned **and occupied** by persons that have become 100% disabled who shall file qualified and certified annual statements of income with the Tax Assessor on or before **March 31st** each and every year.

100% Disability exemptions are granted on a yearly basis, based on annual income from the prior calendar year. **Please attach a copy of your prior years tax return** along with this completed application. Along with your annual tax return, please include income from any disability programs that are not reportable to the IRS. This exemption is based on "Household Income" so you must also include income from family members that reside in your dwelling. If you do not file annual tax returns, please complete the income information listed below.

You must provide a copy of your Social Security Award Letter, clearly stating that your award is for Disability, and not for Retirement or Surviving Spousal benefits.

*Please attach a copy of your 2021 tax return.*

*(If you do not file a tax return, please fill out the income questions below)*

- (a) Salary or wages:..... \$ \_\_\_\_\_
  - (b) Social Security:..... \$ \_\_\_\_\_
  - (c) Insurance Annuities:..... \$ \_\_\_\_\_
  - (d) Pension Distributions, Trusts, etc.:..... \$ \_\_\_\_\_
  - (e) Bank or other interest bearing accounts:..... \$ \_\_\_\_\_
  - (f) Rents or Leases:..... \$ \_\_\_\_\_
  - (g) Sickness or Accident Insurance:..... \$ \_\_\_\_\_
  - (h) Stock & Bonds:..... \$ \_\_\_\_\_
  - (i) Capital gain on sale of real estate, personal, or intangible property:..... \$ \_\_\_\_\_
  - (j) Gross income of children or others residing in home:..... \$ \_\_\_\_\_
  - (k) All other income:..... \$ \_\_\_\_\_
- Total Income** (do not count money from "Reverse Mortgages"): \$ \_\_\_\_\_

***Certification:***

If future tax exemptions is anticipated, I understand that I must make application to the Tax Assessor's Office **each year on or before March 31st** of the year immediately following the year for which tax exemption is requested. You also understand that the Tax Assessor is empowered to investigate, require revision of, or validate any/all of the information contained herein, and that the information herein is given subject to penalties contained in the ordinance.

**I swear under penalty of perjury that the foregoing information is true, complete, and correct.**

Signature: \_\_\_\_\_

Subscribed and sworn to before me, on this the \_\_\_\_\_ day of \_\_\_\_\_ (year)

\_\_\_\_\_  
(Notary Public)

*(Notary Public not necessary this year due to Covid-19 situation)*

**FOR ASSESSOR'S USE ONLY**

Granted:  Denied:  Waiting For Tax Returns:  Need SS Award Letter:

Proof that Applicant Is Registered To Vote In Barrington:

Proof that Applicant Has Motor Vehicles Registered In Barrington:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_