



Department of the Tax Assessor  
 1385 Hartford Avenue  
 Johnston, Rhode Island 02919  
 Telephone Number 450-3027

## Application for Disability Exemption

Ordinance # 548

To qualify for this exemption the following must apply:

1. Total household income can not exceed fourteen thousand five hundred dollars (\$14,500.00) annually
2. This is the only disability exemption being applied for on this parcel of land.
3. The applicant/owner has resided in this residence for a least a total of one year prior to this application
4. The applicant/owner must provide proof of eligibility of this exemption

**PLEASE ATTACH PROOF OF DISABILITY, SOCIAL SECURITY AWARD LETTER, INCOME TAX RETURN, AND ANY OTHER DOCUMENTATION NECESSARY TO PROVE YOUR CLAIM**

DATE OF APPLICATION: \_\_\_\_\_ PLAT: \_\_\_\_\_ LOT: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ PROPERTY VALUE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SOC SEC NUMBER: \_\_\_\_\_

MARITAL STATUS:  MARRIED  SINGLE  WIDOWED  DIVORCED  OTHER

IF PROPERTY HAS A CO-OWNER:

CO-OWNER NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SOC SEC NUMBER: \_\_\_\_\_

DO YOU SHARE THIS PROPERTY WITH ANYONE OTHER THAN A SPOUSE?  YES  NO  
 If yes, please attach a separate piece of paper with their Name, Birth Date, and Social Security Number

LIST NAMES OF ANYONE IN THE HOUSEHOLD RECEIVING INCOME FROM EMPLOYMENT

NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_ INCOME: \_\_\_\_\_

NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_ INCOME: \_\_\_\_\_

ARE ANY OF THE OCCUPANTS OF THIS RESIDENCE SELF-EMPLOYED?  YES  NO

FINANCIAL ACCOUNTS:

SAVINGS ACCOUNT:

ACCT # BALANCE INSTITUTION

CHECKING ACCOUNT:

ACCT # BALANCE INSTITUTION

INVESTMENT ACCOUNTS/:

PENSION ACCOUNT ACCT # BALANCE INSTITUTION

ACCT # BALANCE INSTITUTION

ACCT # BALANCE INSTITUTION

PLEASE INDICATE ANY OTHER SOURCES OF INCOME:

UNEMPLOYMENT SICK BENEFIT'S  
CHILD CARE WORKER'S COMP  
SOC SEC BENEFITS RENTAL INCOME  
VETERAN'S BENEFITS CHILD SUPPORT  
ALIMONY DIVIDENDS  
ANNUITIES INTEREST  
STATE AID (GPA, AFDC, GPA.SSL FOOD STAMPS)  
OTHER

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS A TRUE ACCOUNTING TO THE BEST OF MY KNOWLEDGE

SIGNATURE

PHONE

DATE

- PLEASE ATTACH ON A SEPARATE SHEET OF PAPER ANY OTHER PERTINANT INFORMATION THAT YOU FEEL WILL HELP IN YOUR CLAIM.