



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

Application for Hardship Exemption

Pursuant to R.I. G.L. 44-3-3 (16)
 Income not to exceed \$14,500.00

DATE OF FILING: _____

ACCOUNT NO: _____ PLAT: _____ LOT: _____

NAME OF OWNER(S): _____

DATE OF BIRTH: _____

MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOWED OTHER

PROPERTY ADDRESS: _____

DATE YOU ACQUIRED THIS PROPERTY? _____

ARE YOU A LEGAL RESIDENT OF RHODE ISLAND? YES NO

IF MARRIED, IS YOUR SPOUSE A LEGAL RESIDENT OF RHODE ISLAND? YES NO

DO YOU RESIDE AT THIS ADDRESS 12 MONTHS PER YEAR? YES NO

IF NO, HOW MANY MONTHS DO YOU RESIDE AT THIS ADDRESS: _____

IS THIS A MULTI-FAMILY DWELLING? YES NO

IF YES, LIST NAMES OF OTHER OWNERS OR RESIDENTS OF THE PROPERTY

IS THIS YOUR FIRST TIME SUBMITTING A HARDSHIP CLAIM? YES NO

IS YOUR CLAIMED HARDSHIP NEW OR ONGOING? NEW ONGOING

APPLICANT SIGNATURE: _____

TANGIBLE AND INTANGIBLE PERSONAL PROPERTY

LIST ALL REAL ESTATE OWNED INCLUDING YOUR PRIMARY RESIDENCE:
RESIDENCE ADDRESS _____ ASSESSED VALUE _____

OTHER PROPERTY OWNED: if applicable

LIST ALL MOTOR VEHICLES AND BOATS REGISTERED TO OWNER OR CO-OWNER(S):
YEAR _____ MAKE AND MODEL _____ ASSESSED VALUE _____

LIST ALL OTHER ASSETS:

TYPE:	INSTITUTION OR BANK	AMOUNT
CHECKING ACCT	_____	_____
SAVINGS ACCT	_____	_____
CERT OF DEPOSIT	_____	_____
STOCKS & BONDS	_____	_____
INVESTMENT ACCT	_____	_____
CASH	_____	_____
OTHER	_____	_____

I, _____ (PRINT NAME) do swear that the information I have given in this Application for an Exemption from property taxes from the Town of Johnston, is true, correct and complete, to the best of my knowledge and belief. I understand that I may be denied for failing to disclose any information.

Applicant Signature: _____

Subscribed and sworn before me this _____ day of _____

Notary Public

My commission Expires