



# Town of East Greenwich

OFFICE OF THE ASSESSOR

Anthony F. Davey  
Tax Assessor

111 Peirce Street  
East Greenwich, RI 02818  
Clerk (401) 886-8601  
Assessor (401) 886-8614

## APPLICATION FOR DISABILITY TAX CREDIT

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Proof of Residency Required (State ID / Passport / Voter ID)

Residence Address: \_\_\_\_\_

Map \_\_\_\_\_ Plat \_\_\_\_\_ Lot \_\_\_\_\_ Condo \_\_\_\_\_

Real Estate Acct #: \_\_\_\_\_ --OR-- Motor Vehicle Acct #: \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_

Have you been a resident of East Greenwich for at least 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

### TO BE SUBMITTED WITH APPLICATION:

1. Copy of Proof of Residency (State ID / Passport / Voter ID)
2. Documentation of 100% disabled certification by the Social Security Administration must accompany this form. Examples of qualified documents are:
  - Photocopy of your most recent Social Security Disability Check
    - Copy of bank statement showing deposit of benefit
    - Statement of Benefit from Social Security Office
    - Award letter from Social Security Administration

*I do not have this type of exemption in any other Town, City, or State. I do hereby swear or affirm under penalty of perjury, that the above information is true, correct and complete to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_\_\_

<p><b>FOR ASSESSOR USE ONLY</b></p> <p>Approved for Tax Year _____</p> <p>Entered in MUNIS _____</p>
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\*\*Applications must be received/postmarked by March 15<sup>th</sup> to be eligible for this credit on the upcoming tax roll\*\*