

TOWN OF EAST GREENWICH
TAX ASSESSOR'S OFFICE
100% DISABLED TAX EXEMPTION APPLICATION
(RETURN TO THE ASSESSOR'S OFFICE)

APPLICANTS PERSONAL INFORMATION:

APPLICANT'S NAME: _____

APPLICANT'S BIRTHDATE: ____/____/____ MARITAL STATUS: _____ TEL NO _____

APPLICANT'S SPOUSE: _____

MAILING ADDRESS: _____

MAP _____ PLAT _____ LOT _____ RE: ACCT _____ MV: ACCT _____

MOBILE HOME: ACCT _____

QUALIFICATIONS:

THE APPLICANT MUST BE CERTIFIED BY THE SOCIAL SECURITY ADMINISTRATION AS 100% DISABLED.

DOCUMENTATION OF CERTIFICATION MUST ACCOMPANY THIS FORM.

EXAMPLES:

- **PHOTO COPY OF YOUR MOST RECENT SOCIAL SECURITY DISABILITY CHECK;**
- **COPY OF BANK STATEMENT SHOWING DEPOSIT OF BENEFIT;**
- **STATEMENT OF BENEFIT FROM SOCIAL SECURITY;**
- **AWARD LETTER FROM SOCIAL SECURITY ADMINISTRATION (FOR INITIAL FILING).**

HAVE YOU BEEN A RESIDENT AND PROPERTY TAXPAYER IN THE TOWN OF EAST GREENWICH FOR A PERIOD OF FIVE (5) YEARS PREVIOUS TO FILING THIS FORM? YES NO

AFFIDAVIT

THE ABOVE NAMES APPLICANT, BEING DULY SWORN, DEPOSES AND SAYS THAT THE ABOVE, WITH ATTACHMENTS HERETO, ARE TRUE AND COMPLETE, AND CLAIMS EXEMPTIONS AND/OR TAX ORDINANCES OF THE TOWN OF EAST GREENWICH ARTICLE V § 227-17 DISABILITY EXEMPTION.

THE APPLICANT IS AWARE OF THE PENALTY FOR MAKING FALSE AFFIDAVIT

X _____ DATE: _____
SIGNATURE OF APPLICANT

X _____
NOTARY PUBLIC