

# Town of Smithfield

## EXEMPTION APPLICATION

### APPLICANT INFORMATION

Name	Phone
Address	Email

### SENIOR EXEMPTION & TAX FREEZE

- I have included a copy of my driver's license documenting that I am 65+ years old and a legal resident of Smithfield.
- I have been the deeded owner of this residence for at least ten (10) years.
- I occupy this property for the majority of every calendar year.
- I do NOT receive residency-based exemptions in any other jurisdiction.

INITIAL HERE:

### VETERAN EXEMPTION\*

- I served in the United States military during the following war or conflict: \_\_\_\_\_
- I have included a copy of my DD214 that shows a discharge other than dishonorable.
- I have included a copy of my driver's license documenting that I am a legal resident of Rhode Island.

*\* Additional exemptions are available for 100% disabled veterans, POWs, and Gold Star parents.*

INITIAL HERE:

### DISABILITY TAX CREDIT

- I have owned and resided in this residence for at least five (5) years.
- I have included my *Notice of Award* of disability benefits from the Social Security Administration.
- I understand that I am required to submit a recertification annually in order to retain this tax credit.

INITIAL HERE:

### LEGALLY BLIND EXEMPTION

- I have included a certification stating that I am legally blind from either a licensed physician or the *Rhode Island Services for the Blind & Visually Impaired*.

INITIAL HERE:

### HISTORIC STONE WALL EXEMPTION

- This property contains an historic stone wall of at least fifty (50) feet in length, three (3) feet in height, and built prior to 1900. The wall is structurally maintained and free of noxious weeds & vegetation.
- I have included four (4) photos of the stone wall: two (2) close-up photos and two (2) photos capturing all or most of the length of the wall.
- I understand that I may be asked to provide additional information or documentation to the Smithfield Historical Preservation Commission in order to qualify for this exemption.

INITIAL HERE:

PLEASE SIGN HERE

The information provided herein is true, correct, and complete, and I agree with the statements initialed above.

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

Town Official Use Only

<p><b>Approved Benefits:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Senior Exemption</li> <li><input type="checkbox"/> Senior Freeze</li> <li><input type="checkbox"/> Veteran/Widow</li> <li><input type="checkbox"/> 100% SC Dis Vet</li> <li><input type="checkbox"/> Prisoner of War</li> <li><input type="checkbox"/> Gold Star</li> <li><input type="checkbox"/> SS Disability</li> <li><input type="checkbox"/> Legally Blind</li> <li><input type="checkbox"/> Stone Wall</li> </ul> <p>- S.H.P.C. Initials: _____</p> <p>Approval Signature: _____ Date: _____</p>	<p><b>Information:</b></p> <p>Owner Date of Birth _____</p> <p>Deed Book/Page _____</p> <p>Deed Date _____</p> <p>Number of Living Units _____</p> <p>Account Number _____</p> <p>Plat/Lot _____</p> <p><input type="checkbox"/> <b>Background Check</b></p> <p><input type="checkbox"/> Denied - Reason _____</p>	<p><b>Documents included:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Driver's License</li> <li><input type="checkbox"/> DD214 / Discharge</li> <li><input type="checkbox"/> SSA Award Letter</li> <li><input type="checkbox"/> Blind Certification</li> <li><input type="checkbox"/> Other _____</li> </ul> <div style="border: 1px solid #ccc; height: 100px; width: 100%; margin-top: 10px;"></div>
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