

Town of Smithfield

EXEMPTION APPLICATION

APPLICANT INFORMATION		
Name:	Phone #:	
Address:	Plat:	Lot:
Vehicle Make:	Vehicle Model:	Vehicle Plate #:

SENIOR EXEMPTION & TAX FREEZE	
<ul style="list-style-type: none"> 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 and DO NOT receive residency-based exemptions in other jurisdictions. I DO NOT receive any rental income from the above property. All vehicles owned or leased by myself or my spouse are registered in the Town of Smithfield. 	INITIAL HERE:

VETERAN EXEMPTION	
<ul style="list-style-type: none"> I served in the United States military in 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. 	INITIAL HERE:

DISABILITY TAX CREDIT	
<ul style="list-style-type: none"> I have owned and resided in this residence for at least five (5) years. I have included my <i>Notice of Award</i> of disability benefits from the Social Security Administration. I understand that I am required to submit documentation of my disability benefits to the Assessor's Office annually by March 15th in order to retain eligibility for this tax credit. 	INITIAL HERE:

BLIND EXEMPTION	
<ul style="list-style-type: none"> I have included a certification stating that I am legally blind from either a licensed physician or the <i>Rhode Island Services for the Blind & Visually Impaired</i> 	INITIAL HERE:

HISTORIC STONE WALL EXEMPTION	
<ul style="list-style-type: none"> 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	<p style="font-size: small; text-align: center;"><i>The information provided herein is true, correct, and complete, and I agree with the statement(s) initialed above.</i></p> <p>Signature: _____ Date: _____</p>
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Town Official Use Only

Documents Included: <input type="checkbox"/> Driver's License <input type="checkbox"/> DD214 <input type="checkbox"/> S.S.A. Award Letter <input type="checkbox"/> Blind Cert. <input type="checkbox"/> Other: _____				
Date of Birth: _____	Deed Date: _____	Deed Book/Page: _____	Living Units: _____	
Approved Benefits: <input type="checkbox"/> Senior Exemption <input type="checkbox"/> Senior Freeze <input type="checkbox"/> Veteran <input type="checkbox"/> Disability <input type="checkbox"/> Blind <input type="checkbox"/> Stone Wall				
S.H.P.C. Initials: _____	Approval Signature: _____		Approval Date: _____	