

**OFFICE OF TAX ASSESSOR
TOWN OF JAMESTOWN, RI
APPLICATION FOR DISABILITY EXEMPTION
(Must attach proof of previous year's income and proof of disability)
APPLICATION DEADLINE – MARCH 15th**

Date: _____ Phone Number _____

1. Name _____

2. Residence Address _____

3. When did you become totally disabled? _____

4. Are you a legal resident of Jamestown? Yes _____ No _____
Have you registered to vote? Yes _____ No _____

5. Location of property: _____

6. Age _____ Birth date _____ Place of birth _____

7. Are you required to file a state or federal income tax return? _____

8. Do you reside at the above address for 12 months each year? _____
If not, please explain _____

9. Single ___ Married ___ If married, name of spouse _____
Age _____

10. Names of any other joint tenants or co-tenants who occupy said
property _____

I, THE UNDERSIGNED _____, do hereby swear
or affirm that the above information is true, correct, and complete to the best of my
knowledge and belief.

Applicant's Signature

Date

Tax Assessor's Signature

(Please turn over and fill out income statement)

OFFICE OF TAX ASSESSOR
TOWN OF JAMESTOWN, RI

Confidential Statement of Previous Year's Income
Submit before March 15th
(Answers must be printed in ink)

Provide copies of Social Security & Pension Statements,
Interest Statements, W-2 Forms, and Federal Tax Return(s)
(Social Security numbers may be blacked out for added security.)

Name _____ Date _____

Residence address _____

Married ___ Single ___ Phone # _____ Age _____

Name of Spouse if married _____

Income: (If married, include spouse's income. Also include the income of all other members of the household).

a. Wages, salaries, tips, etc. \$ _____

Employer's Name _____

b. Dividends..... \$ _____

c. Interest..... \$ _____

d. Social Security..... \$ _____

e. Pensions, annuities & retirement..... \$ _____

f. Business income..... \$ _____

g. Rents or royalties..... \$ _____

h. Farm income..... \$ _____

i. Other (explain) _____ \$ _____

j. Total income of other members of household..... \$ _____

TOTAL INCOME..... \$ _____

I, the undersigned, _____, do hereby swear or affirm that the income information listed in this application is true, correct, and complete to the best of my knowledge and belief.

Signature of Applicant

Signature of Tax Assessor Date

(turn over for application)