

OFFICE OF TAX ASSESSOR
TOWN OF HOPKINTON, RI
APPLICATION FOR EXEMPTION
To persons 65 or more years of age
(all answers must be type written or printed in ink)

Date: _____

1. Name _____

2. Residence Address _____

No.

Street

Town or City

State

3. How long a resident at above address _____

4. Previous Address _____

No.

Street

Town or City

State

5. Are you a legal resident of Rhode Island Yes ___ No ___
Have you registered to vote Yes ___ No ___ If the answer is yes, in what
town or city did you register _____ When _____

6. Location of property: Assessor's Plat _____ Lot _____

DO NOT USE: L.E. Book _____ Page _____ Rec. Date _____
How property is owned: Jt. _____ T.I.C. _____ T.B.E. _____

7. Birth Date _____ Place of birth _____
Month Day Year City State

If applicant was born outside of Hopkinton, proof of age must be submitted.

8. Do you reside at the above address for 12 months of each year Yes ___ No ___
If not, explain _____

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

10. Age _____ Birth Date _____ Place of birth _____
Month Day Year City State

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

If exemption is marital, both husband and wife must sign

Subscribed and sworn to before me
this _____ day of _____, 20____

Seal

Notary Public or Assessor's Office

OFFICE OF THE TAX ASSESSOR

1 TOWN HOUSE ROAD

HOPKINTON, RI 02833

Confidential Statement of Annual Income

(All answers must be typewritten or printed in ink)

Date _____

1. Name _____ Social Security Number _____

2. Residence Address _____

3. Married _____ Single _____ Name of Spouse if married _____

Spouse's Social Security Number _____ D/O/B _____

4. Number of persons residing at residence _____ Phone _____

Income: (If married, include income of Spouse)

a. Wages, salaries, tips, etc.

Employer's Name _____

Wages, etc.

\$ _____

Total \$ _____

a. Dividends _____

b. Interest (Banks, etc.) _____

c. Social Security _____

d. Pensions, annuities and retirement _____

e. Business Income _____

f. Capital gains, gifts or inheritances _____

g. Rents of royalties _____

h. Farm income _____

i. Family assistance _____

j. Assistance from other sources _____

Are you required by Internal Revenue Service Regulations to file a Federal Income Tax Return?

Yes _____ No _____

If "Yes" please attach a true copy of your current Federal Income Tax Return.

Do you share the ownership of your residence with anyone other than your spouse? Yes _____ No _____

If "Yes" Name _____

Other occupants name (other than Spouse) _____

_____, the undersigned _____ do hereby swear or affirm that the above information is true, correct and complete to the best of his or her knowledge and belief.

ATTENTION

This form will not be accepted unless signed by a Notary Public or in the presence of the Assessor or Staff.

If exemption is marital both husband and wife must sign

Subscribed and sworn to before me this _____ day of _____ 20 _____

Account _____
Income _____
Assessed Valuation _____
Amount of Exemption _____

Notary of Assessor's Office

RETURN TO ASSESSOR'S OFFICE NO LATER THAN MARCH 11, 2016