

An ordinance in Amendment of Chapter 36 and 39
Providing for Increased Tax Relief
For the Elderly Citizens of Hopkinton

Under the authority provided in Public Act No. 74-H7203 of the January, 1974 session of the General Assembly entitled "Providing for Increased Tax Relief for the Elderly Citizens of the Town of Hopkinton," the Town Council of the Town of Hopkinton hereby amends Chapter 36 and Chapter 39 of the Ordinances of the Town of Hopkinton as follows:

SECTION 1. The tax assessor shall grant on a proper claim under provisions of this Chapter being made therefore, a tax exemption in accordance with the schedule of exemptions provided in Section 4 hereof; provided, however, that for the purposes of the Chapter the income of a husband shall be deemed to include the total income of his wife and income of a wife shall be deemed to include the total income of her husband, and only one such exemption shall be granted to co-tenants, joint tenants and tenants by the entirety, even though more than one of said co-tenants, joint tenants, or tenants by the entirety are sixty-five (65) years of age or older and occupy said property.

SECTION 2. Such exemption shall be provided to every person, a citizen or resident of the Town of Hopkinton of the age of sixty-five (65) or more years and residing in the Town of Hopkinton in a dwelling house owned by him which is a constituent part of his real property, provided further that at the time of making application the applicant must have been a resident of the Town of Hopkinton for a period of five (5) years ending with the date of assessment for the year for which exemption is claimed and must have owned and had title to his dwelling house for the same five (5) years period.

SECTION 3. No person shall be entitled to any exemption unless he has presented to the tax assessor a true and exact account of his or her ratable estate as provided for in Title 45, Chapter 5, Sections 15 and 16 of the General Laws of the State of Rhode Island, 1956, as amended for the year for which exemption is claimed together with proof of age, ownership, occupancy and legal domicile and income. Such proof may be furnished in the following manner:

- a) Age may be proven by furnishing to the tax assessor either a birth certificate, certificate of citizenship, baptismal, or certified affidavit of a third party;
- b) Ownership may be established by furnishing the tax assessor with the date of the purchase and land record citation of the same.
- c) Legal domicile may be established by the production of a voter's registration certificate;
- d) Income and occupancy may be proven by incorporating such facts in a sworn application, the form of which shall be furnished by the tax assessor.
- e) Other forms of proof by an applicant who does not have available to him the above specified methods of proof may include military records, passports, certificates of citizenship or such other means as the tax assessor shall deem appropriate.

TOWN OF HOPKINTON, RI

CHAPTER 171

An ordinance in amendment of Chapter 19, Section 44 entitled "Exemptions."

The Town Council of the Town of Hopkinton does hereby ordain as follows:

DIVISION 2. ELDERLY Sec. 19-44. – Schedule.

(a) The schedule of exemptions under this division shall be as follows:

- (1) 110% of Federal Guidelines
- (2) 140% of Federal Guidelines
- (3) 170% of Federal Guidelines
- (4) 200% of Federal Guidelines
- (5) 225% of Federal Guidelines
- (6) 250% of Federal Guidelines

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. Age _____ 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

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 _____
4. Number of persons residing at residence _____

Income: (If married, include income of Spouse)

- a. Wages, salaries, tips, etc.
Employer's Name _____ Wages, etc. \$ _____
_____ \$ _____
_____ Total \$ _____
- b. Dividends _____
- c. Interest (Banks, etc.) _____
- d. Social Security _____
- e. Pensions, annuities and retirement _____
- f. Business Income _____
- g. Capital gains, gifts or inheritances _____
- h. Rents of royalties _____
- i. Farm income _____
- j. Family assistance _____
- k. 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