

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 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

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