

TOWN OF HOPKINTON POVERTY EXEMPTION GUIDELINES

RHODE ISLAND GENERAL LAW (RIGL) 44-3-3 (16) states:

The following property shall be exempt from taxation:

The estate of any person who in the judgment of the Assessor is unable from infirmity or poverty to pay tax; any person claiming such exemption aggrieved by an adverse decision of the Assessor shall appeal said decision to the local Tax Board of Review, and thereafter according to the provisions of section 44-5-26.

APPLICATION

Any person requesting such as exemption based on RIGL 44-3-3 (16) shall contact the Assessor's Office prior to January 15th and obtain an application from the Assessor's Office for said exemption. Application and all requested documentation must be returned in person to the Assessor's Office **NO LATER THAN MARCH 15 OF THE SAME YEAR.** To assist applicant in completing application, definitions have been developed for the benefit and understanding of the applicant. The following definitions are for the purpose of determining eligibility for this exemption **ONLY.**

DEFINITIONS

1. **ESTATE** – means a taxpayer's permanent place of residence.
2. **RESIDENCE** – means the land and buildings owned and occupied by the taxpayer and his/her household, and may include a mobile home or condominium.
3. **OWNERSHIP** – for the purposes of this exemption ownership shall mean, Title to the property in one's own name or as co-tenants for a period not less than five years.
4. **HOUSEHOLD** – Includes a single person living alone; two or more persons residing together and related by blood or marriage; and two or more persons residing together and involved in a stable living arrangement, as evidenced by continuous shared residency for at least 6 months prior to date of assessment.
5. **INCOME** – means total household income received during the preceding calendar year. Including but not limited to: salaries, wages, overtime pay, commissions, fees, rents, insurance settlements, unemployment and disability pay, interest on investments and proceeds from sale of real and personal property.
6. **LIENS** – any encumbrance on real estate or personal property. (Example: mortgage on house, automobile loans, etc.)

NOTIFICATION

A clear and understandable reference to poverty exemption will be printed on the reverse side of the annual town tax bill and on the last page of the tax books if printed which are available at the Town Hall.

ELIGIBILITY

GENERAL:

Eligibility for poverty exemption will be determined by the Assessor as set forth herein. The eligibility determination will be made as soon as possible following the date of application and in no event later than March 31st. Applicant will be notified in writing of the Assessor's determination. If the exemption is granted, the exemption will be reflected and applied to the taxpayer's town tax bill for the year in which the exemption is requested. Each adverse determination will list specific reasons for denial of exemption and the taxpayer will be advised of their right to appeal within thirty days of denial.

INCOME:

The total annual income received by the taxpayer and his/her household may not exceed 250% of the Federal Poverty Guidelines.

**TOWN OF HOPKINTON
POVERTY EXEMPTION APPLICATION**

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY: _____ DATE OF BIRTH: _____

PRESENT EMPLOYER: _____

SALARY: _____

OTHER SOURCES OF INCOME:

AMOUNT:

***PLEASE INCLUDE PRIOR YEAR TAX RETURN

NAMES OF PEOPLE LIVING IN HOUSEHOLD

AGE

CHECKING ACCOUNT #

BRANCH

BALANCES

SAVINGS ACCOUNT #

BRANCH

BALANCES

OTHER REAL ESTATE OWNED ADDRESS

NUMBER OF YEARS OWNED

STOCKS, BONDS, AND OTHER INVESTMENTS OWNED:

NAME	NUMBER OF SHARES	VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

***PLEASE ATTACH ADDITIONAL PAGES IN NEEDED

MOTOR VEHICLE, MOTORCYCLES, BOATS, TRAILERS, ETC. OWNED

MAKE	MODEL	YEAR	VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER ASSETS OWNED

OUTSTANDING DEBT (Include mortgages, car loans, credit cards, installment contracts, etc.)

NAME OF CREDITOR	TYPE OF DEBT	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I/We authorize the Town of Hopkinton to check any and all information contained within this application as well as any other needed to process said exemption application.

I/We declare that all information stated herein is a true representation of the facts and that if any portion of this information is found to be untrue I/We shall forfeit all rights for this exemption, with no grounds to appeal.

Applicant's signature

Date