

OFFICE OF TAX ASSESSOR  
TOWN OF HOPKINTON  
1 Town House Road  
Hopkinton, RI 02833  
401-377-7780  
FAX 401-377-7788

2019 APPLICATION FOR SENIOR CITIZEN PROPERTY EXEMPTION

**Instructions:**

- You must submit a Statement of Annual Income **each year** to receive this tax exemption.
- The deadline to file this form is **March 15th** of the year for which you are requesting the exemption.
- If you need assistance filling out the form, or cannot come into our office, please call 401-377-7780 and we will be happy to schedule a home visit.
- To be eligible for this tax exemption:
  - \*Applicant must be 65 years or older on or before 12/31/18.
  - \*You must be owner and occupant of a residential property in Hopkinton for a period of five years prior to 12/31/2018.
  - \*Hopkinton must be your full time primary residence.
  - \*This is an income based exemption. If your income exceeds the guidelines, you will not qualify for the exemption. The income guidelines are subject to change each year, and are based on federal poverty guidelines.
- You must complete the Statement of Annual Household Income on page 2 of this form.
- You must submit a copy of your federal income tax return (**Form 1040**) for **2018**, if you file one.  
Please include any year-end income statements used to process your return.
  - 1099INT (interest statements)
  - 1099DIV (dividend statements)
  - W-2s
  - Social Security award letters-SSA-1099 or SSA-2458.
  - 1099R (retirement, pension, or 401k statements)
  - **These statements must be provided, whether or not you file a federal tax return.**
- You may be asked to submit the signed copy of IRS Form 4506T, which gives the Assessor the right to request information from the IRS regarding your tax return.
- Town Assessor has the right to ask you to submit additional documentation of income or proof of residency.

**Town of Hopkinton  
Senior Exemption Application**

Date \_\_\_\_\_

1. Name: \_\_\_\_\_ D/O/B \_\_\_\_\_
2. Marital Status: \_\_\_\_\_ Name of Spouse if married: \_\_\_\_\_
3. Spouse's D/O/B: \_\_\_\_\_
4. Residence Address: \_\_\_\_\_
5. How long a resident at above address: \_\_\_\_\_
6. Mailing address (if different): \_\_\_\_\_
7. Previous Address: \_\_\_\_\_
8. Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_
9. Number of persons residing at residence: \_\_\_\_\_
10. Name(s) and Age(s) of person(s) living with you other than your spouse: \_\_\_\_\_

- 
- 
11. Do you reside at above address for 12 months each year? \_\_\_\_\_
  12. Do you own any other property in Hopkinton or any other city or state? \_\_\_\_\_
  13. If Yes, where? \_\_\_\_\_
  14. Do you receive a Senior Exemption or Homestead Exemption in any other state? \_\_\_\_\_
  15. Are you a legal resident of Hopkinton? \_\_\_\_\_
  16. Are you a registered voter in Hopkinton? \_\_\_\_\_
  17. Have you previously been granted this exemption? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

**ALTERNATE CONTACT INFORMATION**

Please provide us with the contact information of a family member not residing with you.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Relationship to you \_\_\_\_\_

**ASSESSOR USE:** Book: \_\_\_\_\_ Page \_\_\_\_\_ Rec. Date \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_

How property is owned: \_\_\_\_\_ Life estate? \_\_\_\_\_

**TOWN OF HOPKINTON, RI**  
**STATEMENT OF ANNUAL INCOME ( CONFIDENTIAL)**

Date: \_\_\_\_\_  
Name(s): \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**HOUSEHOLD INCOME: (If married, include income of spouse or the income of any other co-tenants or joint tenants living in residence, including family members.)**

Wages, Salaries, Tips, Etc. (W-2s) \_\_\_\_\_  
Dividends (1099DIV) \_\_\_\_\_  
Interest (1099INT) \_\_\_\_\_  
Social Security Benefits (FICA less Medicare expense)  
(SSA-1099 or SSA-2458) \_\_\_\_\_  
Retirement Pensions or Annuities  
(1099R or year-end statements) \_\_\_\_\_  
Business Income \_\_\_\_\_  
Capital Gains, Gifts or Inheritances \_\_\_\_\_  
Rental Income \_\_\_\_\_  
Family Assistance \_\_\_\_\_  
Assistance From Other Sources \_\_\_\_\_  
Other- Explain \_\_\_\_\_  
**Household Total Income** \_\_\_\_\_

Are you required by IRS regulations to file a federal income tax return? YES NO  
Do you share ownership of your residence with anyone other than your spouse? YES NO  
If Yes, Name(s): \_\_\_\_\_  
Other Occupant(s) names and ages: \_\_\_\_\_

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PROOF OF ALL FORMS OF INCOME LISTED ABOVE. IF TAXES WERE FILED, A COPY OF THE FEDERAL INCOME TAX RETURN AND ALL SUPPORTING DOCUMENTS MUST ACCOMPANY THIS FORM.**

I the undersigned \_\_\_\_\_, do hereby swear or affirm that this application and all the information are true, correct, and complete to the best of my knowledge and belief. Verification may be obtained from any source herein with full permission of said applicant. I affirm that I have not applied for, nor am I receiving, a Senior Exemption or Homestead Exemption in any other state or municipality.

\_\_\_\_\_  
DATE PROPERTY OWNER SIGNATURE  
\_\_\_\_\_  
PROPERTY OWNER SIGNATURE

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**\*IF PREVIOUSLY GRANTED THIS EXEMPTION, NOTARIZATION NOT REQUIRED. WE HAVE A NOTARY IN THE ASSESSOR'S OFFICE FOR YOUR CONVENIENCE.**

**ASSESSOR'S USE ONLY: DATE RECEIVED \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ PERCENT EXEMPTION \_\_\_\_\_**