

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

2020 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. **No application will be accepted after this date.** If your taxes are not complete, please come into our office **before** March 15th with your tax documents and we will complete the forms. You must return with your actual tax return before April 30th in order to qualify for 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 12/31/19.
 - *You must be owner and occupant of a residential property in Hopkinton for a period of five years prior to 12/31/2019.
 - *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 **2019**, 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: _____

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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? (Circle one) YES NO
Do you share ownership of your residence with anyone other than your spouse? (Circle one) 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 _____