



TOWN OF HOPKINTON
1 Town House Road
Hopkinton, RI 02833

FOR OFFICE USE ONLY
Acct # _____
() Approved () Denied

APPLICATION FOR VETERANS EXEMPTION

Applicants must file before **March 15th**. Forms are available at the Hopkinton Tax Assessor’s Office and www.hopkintonri.gov. Please submit your DD-214 along with this application and a copy of your driver license, identification, or passport. All exemptions will **terminate** upon conveyance of the property, death of the person exempted, or moving of said person from the property.

Applicant’s Name: _____ Date of Birth: _____

Spouse’s Name: _____ Date of Birth: _____

Mailing Address: _____

Phone: _____ Email: _____

Property Location: _____

Map: _____ Block: _____ Lot: _____ Registration # _____

An exemption from taxation in the amount of six thousand, seven hundred dollars (\$6,700) of the assessed value is hereby claimed by RIGL 44-3-4, and amendments thereto.

Exemption Type: () Veteran () Widow of: _____
(Name of Deceased)

Date of Enrollment: _____ Date of Discharge: _____

Qualifying Conflict: _____ Qualifying Medals: _____

Document submitted as proof of age: () Driver’s License () Birth Certificate
() RI Identification () Passport

By signing below, I certify that I am **not** receiving a Veteran’s Exemption from any other town, city, or state.

Signature of Applicant: _____ Date: _____

NOTARY PUBLIC

Subscribed and sworn before me on this _____ day of _____ 20 ____.

Signature of Notary or Tax Assessor Staff My commission expires: _____

Veteran must have been Honorably Discharged from the Military and served in specific conflicts or locations or earned certain medals to qualify. Please see our office for details.