



**Town of Richmond, Rhode Island – Tax Assessor**

5 Richmond Townhouse Road, Wyoming Rhode Island 02898 (401) 539-9000

**APPLICATION FOR TOTALLY DISABLED TAX EXEMPTION**

**INSTRUCTIONS**

- You must submit an application every year to receive this tax exemption.
- Your application must be submitted between January 2 and April 15 of the year for which you are requesting a tax exemption. ***The deadline is April 15.***
- To be eligible for this tax exemption:
  - You must have lived in Richmond continuously for at least three years as of last Dec. 31.
  - You must have owned a home in Richmond (not necessarily the same home) continuously for at least three years as of last Dec. 31.
  - You must own the home you live in now and it must be your primary residence.
- Your gross annual household income can be no higher than the limit in Section 3.50.010 of the Richmond Code of Ordinances. The income limit changes every year. The amount of the tax exemption depends on your gross annual household income.
- You must complete the Statement of Gross Annual Household Income **on page 2 of this form.**
- You must submit a copy of your federal income tax return for last year *and* the year-end income statements used to process your return. Also include non-taxable income statements.
- The Tax Assessor has the right to ask you to submit additional documentation of income or proof of residency.
- The Tax Assessor has the right to ask you to submit a 4506-T or 4506T-EZ form to the Internal Revenue Service asking the IRS to send information about your income tax return to the Tax Assessor.

Date:	Phone:
Name:	Date of Birth:
Are you married or single?	If married, spouse's name:
Residence Address:	Assessor's Plat/Lot:
Mailing Address:	
How long have you lived in Richmond?	How long have you owned a home in Richmond?
How long have you owned the home you now live in?	
Who owns this home? Name(s) on deed:	
This home is (circle one): *single family house *two family house *mobile home on leased land *apartment in a condominium or co-op	
If your home is an apartment, how much of the entire building is occupied as your home (by percentage or by square feet)?	

**CONFIDENTIAL STATEMENT OF GROSS ANNUAL HOUSEHOLD INCOME**

Please print applicant's name:
Names and income of persons living with you other than your spouse:
Income:

List the **total taxable and non-taxable gross income** during the calendar year before the year for which you are requesting a property tax exemption of **everyone** who lived in your household from the following sources:

Wages, Salaries, Tips (W2's)	
Unemployment Benefits	
Temporary disability insurance	
Estate or trust income	
Worker's compensation	
Dividends	
Interest	
Social Security Benefits	
Retirement Pensions or Annuities (Year-end statements)	
Business Income	
Capital Gains, Gifts or Inheritances	
Rental Income	
Alimony and child support	
Military income/cash benefits	
Other income	
Farm Income	
Assistance from other sources	
<b>TOTAL INCOME</b>	

**\*\* ATTACH A COPY OF ALL YEAR-END INCOME STATEMENTS \*\*  
(TAXABLE AND NON-TAXABLE)**

**DO YOU FILE A FEDERAL INCOME TAX RETURN? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, INCLUDE A COPY OF YOUR 2017 FEDERAL TAX RETURN WITH YOUR APPLICATION**

*The undersigned, being duly sworn, upon oath does depose and say that all the information on both pages of this application form is true and correct.*

APPLICANT'S SIGNATURE    **x** \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed to before me at Richmond,  
County of Washington, State of Rhode Island,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_  
Print name: \_\_\_\_\_

My commission expires:    /    /