



**Town of Exeter**

Phone: (401) 294-5734

Kerri A. Petrarca, RICA

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Tax Assessor

## 2021 Application for Elderly/Disabled Exemption

(Assessment date of 12/31/2020)

Application is made Pursuant to Article VI. In The Town's Code of Ordinance,  
**Tax Exemption to Certain Persons over the age of 65 Years or Fully Disabled.**

This elderly/disabled exemption is provided annually upon timely application, to every qualified person who is a legally domiciled resident of the Town, and of the age of 65 or more years and has reached his or her 65<sup>th</sup> birthday by December 31<sup>st</sup> of the assessment year for which the exemption is sought or who is totally disabled.

Applications must be completed and filed on or before **March 15<sup>th</sup>** of each year for which the exemption is claimed.

**Only one exemption shall be granted to co-tenants, joint tenants, or tenants by the entirety, and applicant must own and occupy the subject property.**

**Section 1. Flat Exemption:** \$5,000 reduction of the assessed value of your home.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Email Address: \_\_\_\_\_

*(Please note this information will be shared with Town of Exeter Departments.)*

3. Birth Date: \_\_\_\_\_

*(Qualifying applicant must have reached the age of 65 on or before 12/31/20)*

4. Legal Residence: \_\_\_\_\_

Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

5. Are you a Legally Domiciled Exeter Resident at the location above: Yes [ ] No [ ]

*The term "legally domiciled resident" as used in this application shall mean a person who is eligible to become a qualified elector in the Town, and who actually resides, and is domiciled in, the Town.*

6. Do you own property in any other Town or State? Yes [ ] No [ ]

If yes, what is the location of the property? \_\_\_\_\_

Do you receive any personal exemptions on said property? Yes [ ] No [ ]

*I, the undersigned, have read and do understand the provisions and limitations set forth in the ordinance under which I am applying for a tax exemption, and I declare and swear under pains of perjury by my signature that I am a legal domiciled resident of the Town of Exeter and that I am eligible for the tax exemption ordained by this ordinance.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

ON \_\_\_\_\_, \_\_\_\_\_ PERSONALLY APPEARED BEFORE ME AND MADE OATH THAT THE FOREGOING ACCOUNT, BY HIM/HER SIGNED AND EXHIBITED, CONTAINS TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, A TRUE AND FULL STATEMENT.

SIGNATURE OF NOTARY PUBLIC \_\_\_\_\_ COMMISSION EXPIRES: \_\_\_\_\_

**THIS APPLICATION MUST BE RETURNED TO THE ASSESSOR'S OFFICE  
NO LATER THAN MARCH 15<sup>TH</sup>, 2021.**

**(Only complete this section 2 if you are applying for an additional Income Based Exemption)**

**Section 2: Sliding Scale (Income Based exemption).**

**(If the total household income exceeds \$ 52,001 you must apply for the flat only exemption.)**

This Tax Exemption is in addition to the flat exemption described previously. This exemption is available to all residents of Exeter over the age of 65 years or totally disabled (one per household) with a total household income of less than \$52,001.

Total household income shall include income from all persons residing in the household, whether or not taxable, and includes but is not limited to interest, gross net gains, gifts, pensions, all types of compensation, Social security and Veterans benefits.

**Copies of your 2020 Federal Tax Returns and copies of SSA1099, or its equivalent and all other proof of income must be provided when returning this form.**

**Example:**

John Brown	Pension	\$ 10,000
Mary Brown	Social Security	\$ 20,000

**Please attach documentation to support each item listed below**

<u>Person residing in Household</u>	<u>Source of Income</u>	<u>Annual Income Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**If additional space is needed, please attach paper completed in the same manner**

- Income and occupancy may be proven by incorporating required facts in a sworn application signed by the applicant and notarized, under the pains and penalties of perjury, (the form of which is furnished by the Assessor) together with copies of all requested the United States and Rhode Island tax returns and schedules.
- The Assessor may require other verifications or documents of the applicant, as she deems reasonably necessary or appropriate.
- No property shall be exempt from taxation, which the Assessor determines to have been conveyed to an applicant for the purpose of evading taxation.

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*I, the undersigned, have read and do understand the provisions and limitations set forth in the ordinance under which I am applying for a tax exemption, and I declare and swear under pains of perjury by my signature that I am a legal domiciled resident of the Town of Exeter and that I am eligible for the tax exemption ordained by this ordinance.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

ON \_\_\_\_\_, \_\_\_\_\_ PERSONALLY APPEARED BEFORE ME AND MADE OATH THAT THE FOREGOING ACCOUNT, BY HIM/HER SIGNED AND EXHIBITED, CONTAINS TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, A TRUE AND FULL STATEMENT.

SIGNATURE OF NOTARY PUBLIC \_\_\_\_\_ COMMISSION EXPIRES: \_\_\_\_\_

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