



# Town of Bristol, Rhode Island

Elderly Tax Deferment Exemption Application Form

*Qualifications: Residents must be 65 years of age or older before December 31<sup>st</sup> of the prior year. Applicants must have 20+ years of residency in Bristol. Annual Gross Household Income cannot exceed \$50,000. Applications for the exemption must be submitted prior to March 15<sup>th</sup> of the current calendar year.*

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State Issued I.D. #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Property Address: \_\_\_\_\_

Are you a legal resident of Bristol? Yes:  No:   
Are you registered to vote in Bristol? Yes:  No:   
Are you receiving any other exemptions? Yes:  No:

If yes, please specify: \_\_\_\_\_

**Please provide a copy of your federal tax return(s), social security benefits statement(s) and Driver's License(s).**

*By signing below, I certify that I am a resident of the Town of Bristol, Rhode Island and that I own and occupy the stated single family dwelling. Pursuant to the terms of Bristol Town Ordinance 27-2.1-8, R.I. General Laws 44-3-57 and 44-3-20.2, the Town of Bristol has a valid lien on the above mentioned property in the amount of \_\_\_\_\_ (\$\_\_\_\_\_). This lien is due upon either of the following: the property is disposed of by reason of transfer **OR** conveyance of any of the applicants' interest **OR** by reason of death of the applicant(s). The lien shall accrue interest at the rate of **6% annually**. I hereby attest that I have met the requirements set forth in both state and local law and that the above information is true.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE OF RHODE ISLAND  
COUNTY OF BRISTOL**

In the Town of Bristol on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ and \_\_\_\_\_ to me known, or produced identification, and known by me to be the party executing the foregoing instrument, and he/she acknowledged and said instrument by his/her free act and deed.

Signature of Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

***For Tax Assessor's Use Only***

Account Number: \_\_\_\_\_ Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

Approved:  Denied:  Signature: \_\_\_\_\_ Date: \_\_\_\_\_