



Town of Bristol, R.I.

APPLICATION FOR DISABLED EXEMPTION

DATE OF APPLICATION _____

NAME _____

ADDRESS _____

REAL ESTATE TAX ACCOUNT NUMBER _____

PLAT _____ LOT _____

ANNUAL GROSS INCOME \$ _____ (Cannot exceed \$18,000)
INCLUDING ALL HOUSEHOLD INCOME OF EVERYONE OVER 21 YEARS OLD.

COPY OF SOCIAL SECURITY ADMINISTRATION LETTER OF DISABILITY IS REQUIRED
TO BE ATTACHED TO THIS APPLICATION

ARE YOU THE HEAD OF THIS HOUSEHOLD _____

IS THIS YOUR RESIDENCE _____

AGE _____ (OVER 65 NOT ELIGIBLE)

ARE YOU RECEIVING ANY OTHER EXEMPTION FROM THE TOWN OF BRISTOL _____

IF YES, WHAT EXEMPTION ARE YOU RECEIVING _____

I do hereby swear or affirm that the answers to the above questions are true to the best of
my knowledge.

SIGNATURE _____

APPROVED _____

NOTE: THIS MUST BE APPLIED FOR ON A YEARLY BASIS PRIOR TO THE LAST DAY ON WHICH SWORN
STATEMENTS MAY BE FILED WITH THE ASSESSOR FOR THE YEAR FOR WHICH THE AFOREGOING
IS CLAIMED. UPON ATTAINING THE AGE OF 65 (SIXTY-FIVE) YEARS, THE TOTALLY DISABLED
PERSON SHALL NO LONGER BE ENTITLED TO THIS EXEMPTION.

_____ NEW

_____ RENEWAL