

# TOWN OF NORTH SMITHFIELD DISABLED EXEMPTION

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Plat: \_\_\_\_\_ Lot: \_\_\_\_\_

Is this your residence? Yes  No

Are you a legal resident of RI Yes  No

Have you registered to vote? Yes  No

If yes, in what city or town did you Register

\_\_\_\_\_

*Copy of Social Security Administration Letter of Disability is required to be attached to this application.*

Age: ( ) Over 65 Not Eligible. Birth Date: \_\_\_\_\_  
Month Day Year

Are you receiving any other Exemption  
from the Town of North Smithfield? Yes  No

If yes what exemption are you  
receiving: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Approved: \_\_\_\_\_

*Note: This must be applied for on a yearly basis prior to December 31<sup>st</sup> of the assessment year with the Assessor. Upon attaining the age of 65 (sixty-five) years, the totally disabled person shall no longer be entitled to this exemption and must apply for a senior exemption.*