

**TOWN OF WESTERLY  
TOWN ASSESSOR'S OFFICE  
100% DISABLED TAX EXEMPTION APPLICATION**

**Instructions:**

- You must submit an application every year to receive this tax exemption.
- The deadline to file this form is April 30th of the year for which you are requesting the exemption.
- **To be eligible for this tax exemption:**
  - \*The applicant must be certified by the social security administration as 100% disabled.
  - \*Your annual gross household income can be no higher than the limit in §229-2 of the Westerly Code of Ordinances. The income limit is subject to change each year.
  - \*You must be owner and occupant of a residential property in Westerly for a period of five years.
  - \*Westerly must be your full time primary residence.
- Documentation of certification must accompany this form.
- **You must present the award letter from Social Security Administration for initial filing. Each time after that, you will need to present a benefit verification letter.**
- Provide photocopy of most recent social security disability check or a copy of bank statement showing most recent deposit.
- You must submit a copy of your federal income tax return for last year if you file *AND* the year-end income statements used to process your return. Also include non-taxable income statements.
- If a federal income tax return is filed, applicant must submit the signed copy of IRS form 4506, which gives the Assessor the right to request information from the IRS regarding your tax return. Any expense is borne by the Town.
- Town Assessor has the right to ask you to submit additional documentation of income or proof of residency.

1. Name: \_\_\_\_\_ D/O/B \_\_\_\_\_
2. Marital Status: \_\_\_\_\_ Name of Spouse if married: \_\_\_\_\_
3. Spouse's D/O/B: \_\_\_\_\_
4. Residence Address: \_\_\_\_\_
5. How long a resident at above address: \_\_\_\_\_
6. Previous Address: \_\_\_\_\_
7. Number of persons residing at residence: \_\_\_\_\_ Phone No. \_\_\_\_\_
8. Name(s) and Age(s) of person(s) living with you other than your spouse: \_\_\_\_\_  
\_\_\_\_\_
9. Do you reside at above address for 12 months each year? \_\_\_\_\_
10. Do you own any other property in Westerly or any other state? \_\_\_\_\_
  - If yes, where? \_\_\_\_\_
11. Are you a legal resident of Westerly? \_\_\_\_\_
12. Are you a registered voter in Westerly? \_\_\_\_\_
13. Have you previously been granted this exemption? \_\_\_\_\_
  - If yes, when? \_\_\_\_\_

**DO NOT USE:** Book: \_\_\_\_\_ Page: \_\_\_\_\_ Rec Date: \_\_\_\_\_

**How property is owned:** \_\_\_\_\_ **Life Estate?** \_\_\_\_\_

**CONFIDENTIAL STATEMENT OF ANNUAL INCOME**

**HOUSEHOLD INCOME: (If married, include income of spouse or the income of any other co-tenants or joint tenants living in residence, including family members.)**

Wages, salaries, tips, Etc. \_\_\_\_\_  
Dividends: \_\_\_\_\_  
Interest: \_\_\_\_\_  
Social Security Benefits FICA less Medicare expense \_\_\_\_\_  
Retirement (Pensions or Annuities) \_\_\_\_\_  
Capital Gains, Gifts or Inheritances \_\_\_\_\_  
Net Rental Income \_\_\_\_\_  
Family Assistance \_\_\_\_\_  
Assistance from other sources \_\_\_\_\_  
Net Business Income \_\_\_\_\_  
Other- Explain \_\_\_\_\_

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PROOF OF ALL FORMS OF INCOME LISTED ABOVE. IF TAXES WERE FILED, A COPY OF THE FEDERAL INCOME TAX RETURN AND ALL SUPPORTING DOCUMENTS MUST ACCOMPANY THIS FORM.**

I the undersigned \_\_\_\_\_, do hereby swear or affirm that this application and all the information are true, correct, and complete to the best of my knowledge and belief. Verification may be obtained from any source herein with full permission of said applicant.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROPERTY OWNER SIGNATURE

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**\*IF PREVIOUSLY GRANTED THIS EXEMPTION, NOTARIZATION NOT REQUIRED.**