

West Greenwich Tax Assessor's Office
280 Victory Highway - West Greenwich, RI 02817

Motor Vehicle

INFIRMITY OR POVERTY EXEMPTION (RIGL 44-3-3.16)

Name: _____ Account Number: _____

Address: _____ Phone Number: _____

Do you own property? **YES NO** If YES, where? _____

Did you file a tax return? **YES NO** If YES, please attach a copy.

Type of exemption you are requesting: **INFIRMITY** **INABILITY TO PAY** (circle one)

If **INFIRMITY**, please describe your illness: _____

If **INABILITY TO PAY**, please describe your circumstance: _____

TOTAL INCOME FOR LAST CALENDAR YEAR (JANUARY – DECEMBER)

Gross Wages, Salaries, Tips, etc.	_____
Interest Income:	_____
Dividends Income:	_____
Tax Refunds (State & Federal)	_____
Alimony and/or Child Support	_____
Business Income (or loss)	_____
Capital Gains (or loss)	_____
IRA Distributions	_____
Pensions and Annuities	_____
Rental Real Estate Income	_____
Farm Income (or loss)	_____
Unemployment Compensation	_____
Social Security Benefits (and SSI Benefits)	_____
Temporary Disability Insurance (TDI)	_____
And any other income (please list)	_____
TOTAL INCOME	_____

List any other assistance you are receiving from any City, State or Federal agency:

Agency: _____ Amount: _____
Agency: _____ Amount: _____

List all other people living at your residence (relatives, tenants, etc.):

Name	Relationship	Age	Employment	Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is any type of business being run at this location? **YES NO** If YES, what business: _____

Are you a registered voter in West Greenwich? **YES NO** If NO, where are you registered? _____

Indicate all financial resources that will be available for retirement: _____

List all motor vehicles registered to this address (by license plate):

_____	_____
_____	_____
_____	_____
_____	_____

Please list any additional information that you believe is pertinent: _____

This application must be completed each year to be considered.

I do hereby swear, or affirm that the information submitted hereon is true and correct to the best of my knowledge.

Print Name

Signature

Date

Notary Public

Date my commission expires

Date

FOR ASSESSOR'S USE ONLY

Date: _____

Exemption Result: **Granted Denied**

Exemption Amount: _____

List other years this exemption has been granted: _____

Tax Assessor's Signature