

Town of East Greenwich

OFFICE OF THE ASSESSOR



125 Main Street
East Greenwich, RI 02818
Clerk (401) 886-8601
Assessor (401) 886-8614

APPLICATION FOR DISABILITY TAX CREDIT

Date: _____

Name: _____ Phone: _____

Birth Date: _____ Proof of Residency Required (State ID / Passport / Voter ID)

Residence Address: _____

Map ____ Plat ____ Lot ____ Condo ____

Real Estate Acct #: _____ Email Address: _____

Mailing Address (if applicable): _____

Have you been a resident of East Greenwich for at least 3 years? Yes ☐ No ☐

TO BE SUBMITTED WITH APPLICATION:

1. Copy of Proof of Residency (State ID / Passport / Voter ID)
2. Documentation of 100% disabled certification by the Social Security Administration must accompany this form. Examples of qualified documents are:
 - Photocopy of your most recent Social Security Disability Check
 - Copy of bank statement showing deposit of benefit
 - Statement of Benefit from Social Security Office
 - Award letter from Social Security Administration

I do not have this type of exemption in any other Town, City, or State. I do hereby swear or affirm under penalty of perjury, that the above information is true, correct and complete to the best of my knowledge and belief.

Signature

Notary Public

Commission Expires: _____

FOR ASSESSOR USE ONLY

Approved for Tax Year _____

Entered in MUNIS _____

****Applications must be received/postmarked by March 15th to be eligible for this credit on the upcoming tax roll****