Town of North Kingstown

Assessor's Office

Municipal Office Building
100 Fairway Drive
North Kingstown, RI 02852
www.northkingstownri.gov

Certified Blind Exemption Application

Deadline for Submission March 15 – Must Meet Eligibility December 31 Prior Year

Section 1 – Applicant Information

Applicant / Owner Name

Co-Owner Name(s)

Daytime Phone Number

Email

Date of Birth / Age

Property Street Address

City, State, Zip Code

Plat / Lot / Unit

Mailing Address (if different)

City, State, Zip Code

Section 2 – Eligibility Guidelines

1. The *Certified Blind Exemption* grants a **$450** annual tax credit to all *eligible homeowners*. This amount may be reflected on your property tax bill as assessment dollars equivalent to $450 based on the current tax rate. This exemption requires a **one-time application** and will remain in effect provided that the applicant remains eligible

2. Applicants must meet eligibility criteria on or before December 31st to receive the exemption in the upcoming tax year. Applicants **must provide a letter** from a licensed Ophthalmologist or Optometrist **certifying that the applicant is legally blind**. The applicant is also required to include a copy of their **government-issued photo ID**.

3. By signing below, the applicant attests to the following statements:
   - I am legally domiciled in North Kingstown, resided here the year in which the taxes were assessed and the year in which the exemption is claimed.
   - This property is not an income-producing property, residential or otherwise.

I hereby swear under penalty of perjury that I am a legal resident of the Town of North Kingstown. I further swear or affirm that I do not receive any property-based tax exemptions in any other town, city, or state. I swear or affirm that the above information is true, correct, and complete to the best of my knowledge.

Signature of Applicant / Date

State of **Rhode Island**
County of _____
On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer) and proved through satisfactory evidence of identification to be the person whose name is signed on the attached document in my presence.

_____
Notary Public
Notary Public Printed Name:
Notary ID:
My commission expires:

Assessor's Office Use Only

ID Attached: _____

Tax Year: _____ Award Letter Date: _____ Clerks Initials: _____