



Town of North Smithfield 100% Disability Exemption

Annual Exemption must be returned to the Tax Assessor's Office by December 31st each year

Applicant Full Name: _____ Date of Birth: _____

Address: _____
Street _____ Apt/Unit # _____
City _____ RI _____ Zip _____

Marital Status: Single: _____, Married: _____, Or Widow: _____
Spouse Name: _____ Spouse Birth Date: _____

Is the above address your legal residence? Yes No

Are you a legal resident of State of Rhode Island? Yes No

Are you receiving any other exemption from the town of North Smithfield? Yes No
If so, which exemption: _____

A copy of your Social Security Administration Letter of Disability (SSA-1099) for the upcoming years benefits must be submitted along with this application. If you need a copy of your SSA-1099 you must contact the Social Security Department:

4 Pleasant Street
Pawtucket, RI 02860
Local Phone Number: 1-866-931-7079
National Toll-Free: 1-800-772-1213 TTY: 401-729-1896

Disclaimer & Signature

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

Applicants Signature: _____ Date: _____

Note: (Town Ordinance Sec.6-3B) Upon attaining the age of Sixty-Five (65) years, the totally disabled person shall no longer be entitled to this exemption and must apply for a senior exemption.

Assessing Personnel Use Only

Account Number: _____ Plat: _____ Lot: _____ Unit: _____

Approved by: _____ Date: _____