



Town of Bristol, Rhode Island

100% Disability Exemption Application Form
Exemption Amount \$161.50

Qualifications: Residents must be under 65 years of age. Photo I.D. is required to verify age. Applications for the exemption must be renewed annually prior to March 15th of the current calendar year. Annual Gross Household Income cannot exceed \$20,000.

Applicant's Full Name: _____ Date of Birth: _____
Driver's License #: _____ State Issued I.D. #: _____
Email Address: _____ Phone Number: _____
Spouse's Name: _____ Date of Birth: _____
Property Address: _____

Are you a legal resident of Bristol? Yes: No:

Are you registered to vote in Bristol? Yes: No:

Are you receiving any other exemptions? Yes: No:

If yes, please specify: _____
Annual Gross Household Income: _____

Please provide a copy of your federal tax return(s) and social security benefits statement(s).

By signing below, I swear that the information provided in this application is accurate to the best of my knowledge. I further understand that statements found to be false may result in the denial of this application and revocation of tax exemptions.

Signature of Applicant: _____ Date: _____
Signature of Spouse: _____ Date: _____

For Tax Assessor's Use Only

Account Number: _____ Plat: _____ Lot: _____

Approved: Denied: Signature: _____ Date: _____