

TOWN OF BURRILLVILLE

TAX ASSESSOR'S OFFICE
105 Harrisville Main Street
Harrisville, RI 02830 - 1499



TOWN BUILDING
HARRISVILLE, R.I.

Phone (401) 568-4300

Application for Disabled Exemption

Name of Applicant: _____

Address: _____

Mailing Address: (if different) _____

Phone: _____

Age as of December 31st: _____

Birth Date: _____

Identification _____

Account # _____

Map/Lot: _____

Qualification

A renewal application must be made each year. You must own and occupy a single family or two-family home in Burrillville as your primary residence (Legal Domicile) for one year prior to application and be totally disabled as of December 31st. Receiving a homestead or disability exemption in another town or state will disqualify you from receiving the exemption in Burrillville. To qualify, an applicant must meet the Social Security definition for disabled and receive disability benefits under the federal Disability Insurance Program administered by the Social Security Administration or another disability insurance program. **Applicant must submit Notice of Award letter with the application.**

This application has been prepared or examined by me. Under the penalties of perjury, I declare that to the best of my knowledge all information provided is accurate and all the above qualifications are met.

Signature

Date