



Town of Foster

Est. 1781

Date Received

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Owners' Names & Address

Office of Tax Assessor
Karen Williams, Tax Assessor
(401) 392-9201

**THIS FORM MUST BE RETURNED BY
JANUARY 31ST – NO EXCEPTIONS!**

INITIAL APPLICATION FOR SENIOR OR DISABLED TAX CREDIT

Name of Owner - Please Print _____ Date of Birth _____

Name of Owner - Please Print _____ Date of Birth _____

Name of Owner - Please Print _____ Date of Birth _____

Telephone: _____ PLAT _____ LOT _____

TAXPAYER'S STATEMENT

I/We certify that I/We am/are **FULL-TIME** resident(s) of Foster and I/we have owned & occupied said property for 10 or more years and there is **ONLY LIMITED BUSINESS USE OF THE PROPERTY**, such as Agricultural or Customary Home Occupation.

Please sign below to verify your receipt of the town ordinance pertaining to the Tax Relief for Elderly/Totally Disabled Persons at the time of your initial application – Only one owner needs to sign here:

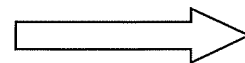
Taxpayer's Signature

Date

Please answer all the questions and **ALL OWNERS MUST SIGN on the back** of this form. The signature of **ONE** of the **ELIGIBLE HOMEOWNERS** must be notarized – signed in front of the Notary.

Notaries are available at the Town Hall free of charge. Please bring your driver's license or other photo ID.

Please turn the page



181 Howard Hill Road Foster, R.I. 02825

1) How many days did you actually live in your home in Foster during the last year? _____

You must have physically lived in your home in Foster more than 210 days during the previous year. If you did not, or if the question is not answered, the credit will not be granted.

2) How many people live in your home? _____

3) Are you in an extended care facility? _____

If yes, please answer the following questions: (*If NO go to question 4.*)

- a. How long have you been in the facility? _____
- b. When do you expect to return to your home? _____
- c. Is anyone living in your home while you are not there? _____

4) Do you own another home or occupy real estate in any other place? _____

If yes, please answer the following questions:

- a. Where do you reside other than Foster? _____
- b. How many months/days last year did you spend there? _____
- c. Where are you registered to vote? _____
- d. Where are your vehicles registered? _____

I understand that failure to provide **COMPLETE & ACCURATE** answers to the above questions may result in **DENIAL/REMOVAL** of the Senior/Disabled Tax Credit and/or Exemption.

Applications for the **Disability Tax Credit** must be accompanied by the **Social Security Award Letter**.

ALL OWNERS MUST SIGN BELOW. Only the signature of one of the eligible homeowner(s) needs to be notarized below:

Taxpayer's Signature (#1) Date

Taxpayer's Signature (#2) Date

Taxpayer's Signature (#3) Date

State of Rhode Island, County of _____

On this ____ day of _____, 20____, personally appeared before me _____
who has signed and acknowledged said instrument to be their voluntary act and deed. Before me:

Notary Public: _____ My Commission Expires: _____

(Please note: Notaries are available at the Foster Town Hall free of charge.)