OFFICE OF THE TAX ASSESSOR  
TOWN OF LITTLE COMPTON  
PO BOX 226  
LITTLE COMPTON RI 02837

APPLICATION FOR TAX RELIEF – TAX YEAR 2024  
(For year ending Dec 31st 2023 property and income valuations)  
(Chapter 44-3-3, and 44-3-16 Rhode Island General Laws)  
(Chapter 15-5 and 15-6 Little Compton Town Code)

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<th>Last Name</th>
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APPLICANT__________________________________________________________

SPOUSE___________________________________________________________

ADDRESS__________________________________________________________

PHONE____________________

Part I: QUALIFICATIONS: Please answer the following questions by checking where applicable.

A. Have you been a legal resident of the Town of Little Compton for five years? Yes______No______
B. Do you live in a household that is subject to real estate taxes for which you are liable? Yes______No______
C. Was your gross household income $50,000 or less? Yes______No______
D. Are you sixty-five or older? IF applying under CHAPTER 15-5. Yes______No______
E. Are you 100% disabled, unable to work as of the date of such disability? Chapter 15-6 Yes______No______

Part II: STATEMENT OF ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES:

A. Social Security (form SSA-1099* Net Benefits “Paid by Check or Direct Deposit”) $____________________
B. Unemployment benefits, workmen's compensation $____________________
C. Wages, salaries, tips, etc... $____________________
D. Dividends and Interest (taxable and nontaxable) $____________________
E. Pension and/or annuity income $____________________
F. Rental Income (net of expense) $____________________
G. Cash public assistance (welfare, etc.) $____________________
H. Other Income (taxable or non-taxable) Specify____________________ $____________________

Gross Household Income (A-H) $____________________

I. List how many and the names of all persons in your household other than yourself. # __________________

Names: ____________________________________________________________

Allowance for persons in household LINE I X -$4000 $____________________

TOTAL NET HOUSEHOLD INCOME (SEE DEFINITION page 2) $____________________

Please note: You must provide written proof on items A- I above in the form of Federal forms 1040, W-2, 1099, and any other official evidence of income (including rent received, trust income, etc.).

DO YOU RECEIVE PUBLIC ASSISTANCE (WELFARE, FUEL ASSISTANCE ETC.?)
DEFINITIONS

HOUSEHOLD means one or more persons occupying a dwelling unit and living as a single nonprofit housekeeping unit. Household does not mean bona fide lessees, tenants or roomers and boarders on contract.

HOUSEHOLD INCOME means all income received both taxable and nontaxable by all persons of a household in a calendar year while members of the household.

CERTIFICATION

If future tax exemption is anticipated, I understand that I must make application to the Assessor’s Office each year on or before MARCH 15th. Should my financial situation improve, I agree to revise or upgrade the information on this Application. I further understand that the Assessor is empowered to investigate, require revision of or validate any of the information contained herein.

I swear that the foregoing information is true, complete and correct.

Applicant’s Signature ___________________________________________  Subscribe and sworn to before me
This______ day of_______________________ 20

Notary Public____________________________________________________

ASSESSORS’ OFFICE USE ONLY

Exemption granted last year:  Yes____ No____

Account number: _____ - _____ - _____ Plat ______ Lot ______

Income_________

Exemption percentage_______% (Maximum Allowable Assessment $400,000)

2024 Property Exemption_________