



Town of Foster

Est. 1781

Office of Tax Assessor
(401) 392-9202
FAX (401) 702-5010

This form must be returned by January 31st

DISABILITY FREEZE APPLICATION

Dear Taxpayer:

Plat _____ Lot _____

To **RECEIVE** your disability freeze, you are required to sign the following statement and answer all the questions on the back of the form. You must also have your physician sign the disability statement. The form must be returned to this office no later than **January 31st**. **Both the taxpayer's and the physician's statement's must be signed and all questions answered on the back of this form.**

TAXPAYER'S STATEMENT

I CERTIFY THAT I AM A FULL TIME RESIDENT OF FOSTER AND THE OWNER/OCCUPANT OF THE PROPERTY. FURTHERMORE, NONE OF THE PROPERTY IS RENTED OR USED FOR ANY INCOME PRODUCING PURPOSE. FURTHERMORE I GIVE PERMISSION TO THE ASSESSOR TO CONTACT MY PHYSICIAN IF MORE INFORMATION IS NEEDED.

Date of Birth (Month/Day/Year)

Signature

Date

PHYSICIAN'S STATEMENT

I CERTIFY THAT _____ IS PERMANENTLY AND TOTALLY DISABLED AND CANNOT PERFORM ANY TYPE OF GAINFUL ACTIVITY BECAUSE OF MEDICALLY DETERMINABLE PHYSICAL OR MENTAL IMPAIRMENT WHICH CAN BE EXPECTED TO RESULT IN DEATH OR HAS LASTED OR CAN BE EXPECTED TO LAST FOR A CONTINUOUS PERIOD OF NOT LESS THAN TWELVE MONTHS.

Print Physician's Name

Physician's Signature*

Physician's Address

Date

City State* Zip Code

Telephone

*Physician signing this form must be licensed to practice medicine in the State of RI.

State of ____ 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 Signature: _____ My Commission Expires: _____

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 183 days during the previous year. If you did not, or if the question is not answered, the freeze will not be granted.

2) How many people live in your home? _____

3) Are you in an extended care facility? _____

If yes, 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, answer the following questions: (If NO go to question 5.)

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? _____

5) Do you have any business use on your property, including a mailing address? _____

(If NO, go to Question 6.)

Do you or anyone else operate a business on your property? _____

a. Describe the business. _____

b. Do you lease any of your property to another person or company? _____

If yes, please provide their name and address. _____

c. How many days/months per year do you operate this business? _____

d. Is ANY part of your home used as office space or for the production and storage of items for sale? _____

e. Do you rent out any rooms in your home? _____

6) Have you altered the construction of your home through additions/remodeling or added any structures/outbuildings (garages/sheds/barns/gazebos/in-ground pools, etc.) to your property during the last year?

I UNDERSTAND THAT FAILURE TO PROVIDE COMPLETE & ACCURATE ANSWERS TO THE ABOVE QUESTIONS MAY RESULT IN DENIAL/REMOVAL OF THE SENIOR OR DISABLED TAX FREEZE AND/OR EXEMPTION.

Taxpayer's Signature Date

Taxpayer's Signature Date

Taxpayer's Signature Date

State of _____ 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 Signature: _____ My Commission Expires: _____

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