



# Town of Foster

Est. 1781

Office of Tax Assessor  
(401) 392-9202  
FAX (401) 392-9201

## DISABILITY FREEZE

Dear Taxpayer:

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.**

\*\*\*\*\*

### 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

### PHYSICIAN'S STATEMENT

I CERTIFY THAT \_\_\_\_\_ IS PERMANENTLY AND TOTALLY DISABLED AND CANNOT PERFORM ANY TYPE OF GAINFUL ACTIVITY.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Address of Physician

\_\_\_\_\_  
Telephone

**THIS FORM MUST BE RETURNED NO LATER THAN JANUARY 31,2008.**

**181 Howard Hill Road Foster, R.I. 02825**

**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.**

**1.) ARE YOU IN AN EXTENDED CARE FACILITY? \_\_\_\_\_**

If yes, answer the following questions: If no, go to question 2.

- 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? \_\_\_\_
- \*If yes, are you receiving any rent from them? \_\_\_\_\_
- \*Is this person a relative? \_\_\_\_\_

**2.) DO YOU OWN ANOTHER HOME OR OCCUPY REAL ESTATE IN ANY OTHER PLACE? \_\_\_\_\_**

If yes, answer the following questions: If no, go to question 3.

- 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? \_\_\_\_\_

**3.) DO YOU HAVE ANY BUSINESS USE ON YOUR PROPERTY, INCLUDING A MAILING ADDRESS? \_\_\_\_\_**

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? \_\_\_\_\_

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

\_\_\_\_\_  
Taxpayer's Signature Date

\_\_\_\_\_  
Taxpayer's Signature Date

*PLEASE RETURN THIS DOCUMENT BY JANUARY 31, 2008*