



# Application for Veteran Exemption



Office of the Tax Assessor, City of Newport RI

Name \_\_\_\_\_

Spouse \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

Current Address \_\_\_\_\_

List any other State/Community where you have filed for Veteran's Exemption

\_\_\_\_\_

Branch of Service \_\_\_\_\_

**Circle all that apply: Global War on Terrorism**

**WW2 Vietnam Korea Grenada Lebanon National Guard**

**Women's Air Force Pilot Widow(er) of Veteran Gold Star Parent**

Date of Entry \_\_\_\_\_ Discharge Date \_\_\_\_\_

I request that my exemption be applied against the following:

Account # \_\_\_\_\_

Real Estate located at \_\_\_\_\_

Plat \_\_\_\_\_ Map \_\_\_\_\_

Business Located at \_\_\_\_\_

Automobile Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Registration # \_\_\_\_\_ Driver License # \_\_\_\_\_

I do hereby swear/affirm that the answers to the above questions are true to the best of my knowledge.

I further acknowledge that if I become a resident of another state, receive a Veteran, Homestead or other like exemption, I will no longer be eligible for this exemption in this State.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assessor Initials

*This application must be filed in the Tax Assessor's Office Prior to March 15<sup>th</sup>.*

Voter Registration \_\_\_\_\_

RI Tax Forms \_\_\_\_\_

DD-214 \_\_\_\_\_

Added to OPAL \_\_\_\_\_

Database \_\_\_\_\_

Scanned \_\_\_\_\_