**UNION FIRE DISTRICT OF SOUTH KINGSTOWN**
**APPLICATION FOR TAX RELIEF ORDINANCE 2024-01**

**Application Deadline:** January 1, 2025

**Instructions:**

Please complete the following application in its entirety. All sections must be filled out and the application must be submitted to the District Tax Collector on or before **January 1st** for the tax relief to be applied.

**Eligibility Requirements:**
To qualify for tax relief, applicants must meet one of the following criteria:

* **Firefighters qualified for the District’s LOSAP program** during the tax assessment period
* **Life members**, as verified by District Station Captains and Presidents
* **Spouses/domestic partners of deceased life members**

Additionally, the applicant must:

* Be in good standing with the district.
* Be the titled owner of the property for which tax relief is requested, and occupy the property as their primary residence.

Please submit this application to the Union Fire District of South Kingstown's Tax Collector office by **January 1st**.

**Personal Information:**

**Full Name of Applicant:**

**Street Address of Property for Tax Relief:**

**Phone Number:**

**Email Address:**

**Eligibility Criteria:**

**1. Tax Relief Type (Select one):**
☐ Firefighter (qualified for the District’s LOSAP program)
☐ Life Member (verified by District Station Captain/President)
☐ Spouse/Domestic Partner of Deceased Life Member

**2. Primary Residence:**
☐ I hereby certify that the property listed above is my primary residence.

**Supporting Documentation:**

**Please submit the following documentation with your application:**

* **Firefighters:** Proof of qualification for the District’s LOSAP program for the applicable year.
* **Life Members:** Verification from a District Station Captain or President of your status as a life member.
* **Spouses/Domestic Partners of Deceased Life Members:** Proof of relationship and death certificate of the deceased life member.

**Applicant's Signature:**

By signing below, I certify that all the information provided in this application is true and correct to the best of my knowledge. I further acknowledge that any false information may disqualify me from receiving tax relief. I understand that this application must be submitted annually, with necessary documentation, and any changes in my eligibility status will be reported to the Union Fire District.

**Signature of Applicant:**

**Date:**

**Office Use Only:**

**Application Received By:**

**Verification Status:**
☐ Approved
☐ Denied

**Reason for Denial (if applicable):**

**Date Approved/Denied:**

**Contact Information:**

For questions or assistance with this application, please contact the Union Fire District of South Kingstown’s Chief’s office:

**Phone:** 401-789-8354
**Email:** spinch@unionfiredistrict.com