



# REAL ESTATE

**FORM A1**



## **FIRST APPEAL**

### **APPLICATION FOR PROPERTY ASSESSMENT APPEAL**

State of Rhode Island

2010

City of Providence

(A SEPARATE APPLICATION MUST BE FILED FOR EACH PARCEL APPEALED)

#### **AM I ELIGIBLE TO FILE AN APPLICATION?**

You may file an application if you are: (1) the assessed owner of the property or the subsequent owner of the property (acquiring title after December 31<sup>st</sup>); (2) the owner's administrator or executor; (3) a tenant paying rent who is obligated to pay more than one-half of the tax; (4) a person owning the property - or having interest in and/or possession of the property; (5) a mortgagee if the assessed owner has not applied.

NOTE: The owner, or a member of his/her family with written authority, in the event the owner can't attend, or an attorney representing the owner, may be present at a hearing before the Board of Tax Assessment Review. If signed by an agent attach a copy of written authorization to sign on behalf of the taxpayer.

#### **WHEN AND WHERE MUST THE APPLICATION BE FILED?**

This form must be filed with the Tax Assessor within ninety (90) days from the date the first tax payment is due. **The deadline for the 2010 filing is December 27, 2010.** For appeals to the Board of Tax Assessment Review, this form must be filed not more than thirty (30) days after the Tax Assessor renders a decision; OR, if the Tax Assessor does not render a decision within forty-five (45) days of your filing, you MUST file an appeal to the Board of Tax Assessment and Review within ninety (90) days after the first forty-five (45) days have elapsed.

**PLEASE NOTE: INABILITY TO PAY IS NOT A VALID REASON FOR FILING AN APPEAL.**

#### **SECTION ONE: TAXPAYER INFORMATION:**

- A. Name(s) of Assessed Owner: \_\_\_\_\_
- B. Name(s) of Applicant (if other than Assessed Owner): \_\_\_\_\_  
 Status of Applicant:  
 \_\_\_ Subsequent Owner (acquired Title After December 31 on \_\_\_\_/\_\_\_\_/\_\_\_\_)  
 \_\_\_ Administrator/Executor; \_\_\_ Lessee; \_\_\_ Mortgagee; \_\_\_ Other. Specify: \_\_\_\_\_
- C. Mailing Address: \_\_\_\_\_ Tel. #: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_
- D. Previous Assessed Value: \_\_\_\_\_ E. New Assessed Value: \_\_\_\_\_

#### **SECTION TWO: PROPERTY IDENTIFICATION:**

- A. Tax Bill Account No. \_\_\_\_\_ Assessed Valuation (see above: 1E) Annual Tax \_\_\_\_\_
- B. Location of Property: \_\_\_\_\_  
 (Street No.) (Street) (Zip)
- C. Description of Property: \_\_\_\_\_
- D. Real Estate Parcel Identification: Plat \_\_\_\_\_ Lot \_\_\_\_\_
- F. Date Property Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Total Cost Improvements \_\_\_\_\_

**SEE NEXT PAGE-----**

**SECTION THREE: REASON FOR THE APPEAL SOUGHT**

A. Check reason(s) appeal is warranted and briefly explain why it applies. Continue explanation on an attached piece of paper if necessary:

- \_\_\_ Overvaluation - \_\_\_\_\_
- \_\_\_ Disproportionate Assessment - \_\_\_\_\_
- \_\_\_ Incorrect Usage Classification - \_\_\_\_\_
- \_\_\_ Other. Specify - \_\_\_\_\_

B. Applicant's OPINION of Value \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Fair Market Value) (Class) (Assessed Value)

C. Describe any improvements made over the last five (5) years and costs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Comparable Properties that support your claim:

Address	Sale Price	Sales Date	Property Type	Assessed Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

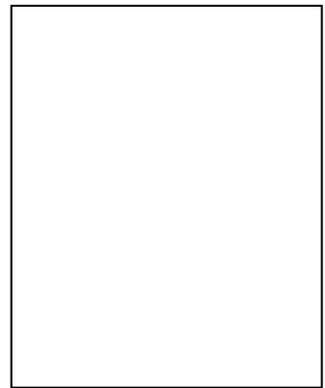
**APPLICATION FOR 2010 First Appeal must be received and stamped by the Assessor's Office or Postmarked on or before December 27, 2010.**

**SIGNATURES**

\_\_\_\_\_  
(Preparer) Address Tel. Number

**DISPOSITION OF APPLICATION (ASSESSOR'S USE ONLY)**

**TIME STAMP**



**DATE RECEIVED** \_\_\_\_\_

**REQUEST FOR HEARING BEFORE BOARD OF ASSESSMENT REVIEW:** \_\_\_ YES \_\_\_ NO

**HEARING DATE** \_\_\_\_\_

**DISPOSITION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHAIRMAN OF THE BOARD** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Please complete and submit for appeal of commercial and multi unit residential property**

Unit Type	No. Of Units		No. Of Units		Unit Size	Monthly Rent		Typical
	Total	Rented	Rooms	Baths	Sq. Ft.	Per Unit	Total	Lease Term
Efficiency								
1 Bedroom								
2 Bedroom								
3 Bedroom								
4 Bedroom								
Other Rentable Units								
Owner/Manager Occupied								
<b>Subtotal</b>								
Garage/Parking								
Other Income (Specify)								
<b>Total</b>								

**Complete this Section for Apartment Rental activity only.**

BUILDING FEATURES INCLUDED IN RENT  
Please Check All that Apply

- Heat
- Electricity
- Other Utilities
- Air Conditioning
- Stove/Refrigerator
- Dishwasher
- Other (Specify) \_\_\_\_\_
- Furnished Unit
- Security
- Pool
- Tennis Courts
- Parking
- Garbage Disposal

**SCHEDULE B - 2009 OTHER RENT SCHEDULE**

Complete this Section for all other rental except apartment rental.

Name of Tenant	Location of Space	Lease Term			Annual Rent			Parking		Interior Finish		
		Start	End	Sq. Ft.	Base	ESC/CAM Overage	Total.	No. of Spaces	Annual Rent	Owner	Tenant	Cost
<b>Total</b>												

**COPY AND ATTACH IF ADDITIONAL PAGES ARE NEEDED**

**Please complete and submit for residential or commercial appeal if applicable**

**VERIFICATION OF PURCHASE PRICE  
Applicable if purchased after 12/31/2006**

Purchase Price: \$ \_\_\_\_\_ Down Payment: \$ \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Date of Last Appraisal: \_\_\_\_\_ Appraisal Firm: \_\_\_\_\_ Appraised Value: \$ \_\_\_\_\_

First Mortgage:	\$ _____	Interest Rate: _____%	Payment Schedule Term: _____ Years	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable
Second Mortgage:	\$ _____	Interest Rate: _____%	Payment Schedule Term: _____ Years	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable
Other:	\$ _____	Interest Rate: _____%	Payment Schedule Term: _____ Years	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable
Chattel Mortgage:	\$ _____	Interest Rate: _____%	Payment Schedule Term: _____ Years	<input type="checkbox"/> Fixed	<input type="checkbox"/> Variable

Did the purchase price include a payment for: Furniture? \$ \_\_\_\_\_ (Value) Equipment? \$ \_\_\_\_\_ (Value) Other? \$ \_\_\_\_\_ (Value)

Has the property been listed for sale since your purchase?  Yes  No

If Yes, list the asking price: \$ \_\_\_\_\_ Date Listed: \_\_\_\_\_ Broker: \_\_\_\_\_

Remarks – Please explain any special circumstances or reasons concerning your purchase (i.e. vacancy, conditions of sale, etc):

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**I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE FOREGOING INFORMATION, ACCORDING TO THE BEST OF MY KNOWLEDGE, REMEMBRANCE AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL THE INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY.**

Signature: \_\_\_\_\_ Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_