Plat: _____ Lot: _____ Unit: _____

APPLICATION FOR ELDERLY EXEMPTION

Applicants must file by **March 15th**. Forms are available at the Providence City Assessors Office. Applicant must own and reside at the property prior to December 31st. A **"Residence"** is to be considered four (4) living units or less. Dwellings containing commercial, retail and/or office space are **NOT** eligible for the elderly exemption.

All exemptions will **terminate** upon conveyance of the property, death of the person exempted or moving of said person from the property.

Section One:

Applicant:_____Date of Birth:_____

Spouse:_____ Date of Birth:_____

Phone Number: _____

Address:_____

Providence, Rhode Island _____
Zip Code

Section Two:

1. Do you reside in the property twelve (12) months of the year? Yes / No

2. Number of units in the property?_____

Section Three:

Document Submitted as Proof of Age: (Please Check One)

[ ] Driver's License [ ] Birth Certificate [ ] RI ID [ ] Passport

THE UNDERSIGNED DOES HEREBY SWEAR THAT THE ABOVE INFORMATION IS TRUE AND CORRECTED TO THE BEST OF HIS OR HER KNOWLEDGE.

_____ _____
APPLICANT SIGNATURE DATE

Tax Assessors Office
25 Dorrance Street, RM 208
Providence, RI 02903
Tel: 401-421-5900