Plat: _____ Lot: _____ Unit: _____

APPLICATION FOR
100% SOCIAL SECURITY DISABILITY 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 social security disability exemption.

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

***Section One*:**

Applicant:_____Date of Birth:_____

Spouse:_____Date of Birth:_____

Phone Number: _____ E-Mail Address: _____

Address:_____

Providence, Rhode Island _____
Zip Code

Section Two:

Number of Living Units in Your Residence: _____

***Section Three*:**

Required Documents: [ ] SS Award Letter [ ] Driver's License **OR** [ ] RI ID

THE UNDERSIGNED DOES HEREBY SWEAR THAT THE ABOVE INFORMATION IS TRUE AND CORRECT 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