



**APPLICATION FOR ELDERLY EXEMPTION**

**Section One:**

Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street Name and Number

\_\_\_\_\_ City State Zip

**Section Two:**

1. Number of years resided at the above address? \_\_\_\_\_
2. Are you a LEGAL resident of Rhode Island? YES / NO (If NO, please explain on an attached sheet)
3. Are you registered to vote in Rhode Island? YES / NO (If NO, please explain on an attached sheet)
4. Do you reside in the property TWELVE (12) months of the year? YES / NO  
(If NO, please explain on an attached sheet)
5. Number of units in the property? \_\_\_\_\_

**Section Three:**

Plat / Lot: \_\_\_\_\_ Account #: \_\_\_\_\_

Document Submitted as Proof of Age: (Please check one)

\_\_\_\_\_ Drivers License \_\_\_\_\_ Birth Certificate \_\_\_\_\_ RI ID

# \_\_\_\_\_

# \_\_\_\_\_

Other \_\_\_\_\_

**The undersigned does hereby swear that the above information is true and correct to the best of his/her knowledge.**

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

\_\_\_\_\_  
Date