



Plat: _____ Lot: _____ Unit: _____

APPLICATION FOR ELDERLY EXEMPTION

Applicant must be 65, own and reside at the property prior December 31st. Application be must file by March 15th. 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. **Application can be submitted electronically at TaxAssessors@providenceri.gov**

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: _____ E-Address: _____

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

TaxAssessors@providenceri.gov