Plat	Lot	Unit
		·



City of Providence Indigent Application

As provided by Rhode Island General Law 44-3-3 (16), any person deemed impoverished may request relief from property taxes. To qualify for consideration you must:

- Own & Reside in the property for a minimum of 10 year
- Provide the Assessor's Office with any and all documents to substantiate your request
 - ❖ **REQUIRED**: federal tax return (if applicable), (3) months of bank checking/savings statements, proof of income, receipts of expenses (listed on the second page) such as rent/mortgage, utilities etc.
- Allow an appraiser from our office to inspect the property for assessment purposes
- Furnish a complete application with all photocopies of supporting documents already made
 - Must be completed by the applicant him/herself PRIOR to submission

		Applicant Informa	ation	
Claimant 1 Name:	Last	First	Date:	
	Last	ΓΙΤSI	WI.I.	
Claimant 2 Name:			Date:	
	Last	First	M.I.	
Property Address:				
	Street Address		Condo	o/Unit #
Phone:		Email_		
Age of Clai	imant		Number of	
1:		Age of Claimant 2:	dependents:	
		Disclaimer and Sign	ature	
	_	that all information contained herein is true gate and verify any such information.	to the best of my knowledge and that the	e City of
Signature 1	:		Date:	
Signature 2	:		Date:	



City of Providence Indigent Application

Household Expenses

Expense	Monthly
Mortgage	
Property Taxes	
Homeowners Insurance	
Association Fees	
Other Mortgages	
Automobile	
Other automobile	
Auto Insurance	
Gasoline	
Water	
Sewer	
Gas	
Oil	
Electricity	
Medical (Not covered by insurance)	
Insurance (life/disability)	
Child/Dependent Care	
Groceries	
Total:	

Gross Monthly Income

Income	Applicant	Co- Applicant
Social Security		
Unemployment		
Pension/Annuity		
Dividend and Interest		
Rental/Board		
SNAP		
Wages		
Cash Public		
Assistance		
Child Support		
Total Income:		
Combined Income:		

Reserve

Checking Account Total:	
Savings Account Total:	
Cash On Hand:	
Stocks/Bonds Total:	
Total:	