



Plat: \_\_\_\_\_ Lot: \_\_\_\_\_ Unit: \_\_\_\_\_

### APPLICATION FOR ELDERLY EXEMPTION

**Applicant must be 65, own and reside at the property prior December 31<sup>st</sup>. Application must be file by March 15<sup>th</sup>.** 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](mailto: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](mailto:TaxAssessors@providenceri.gov)