



Plat: _____ Lot: _____ Unit: _____

APPLICATION FOR SOCIAL SECURITY EXEMPTION (AGE 62-64)

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 exemption (age 62-64).

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-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