



Plat: _____ Lot: _____ Unit: _____

**APPLICATION FOR
100% SOCIAL SECURITY DISABILITY EXEMPTION**

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 disability exemption.

All exemptions will **terminate** upon conveyance of the property, death of the person exempted, or moving of said person from the property. The exemption will **terminate** upon the termination of disability benefits.

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

Tax Assessors Office
25 Dorrance Street, RM 208
Providence, RI 02903
Tel: 401-421-5900
taxassessors@providenceri.gov