



Plat: _____ Lot: _____ Unit: _____

APPLICATION FOR ELDERLY EXEMPTION

Applicant must be 65 as well as 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 elderly exemption. 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: _____

Address: _____

Providence, Rhode Island _____
Zip Code

Section Two:

1. Do you reside in the property for 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 RI ID Providence Municipal 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