



# City of East Providence

DEPARTMENT OF FINANCE

CITY HALL

145 TAUNTON AVENUE

EAST PROVIDENCE, RHODE ISLAND 02914-4505

ASSESSMENT DIVISION

## OVER 65 EXEMPTION (Age 65 prior to or on 12-31)

Phone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Co-Owner/Spouse: \_\_\_\_\_

Legal Address: \_\_\_\_\_ Legal Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_

City/State: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

RI Driver's License #: \_\_\_\_\_ RI Driver's License #: \_\_\_\_\_

License Plate #: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Are you a registered voter in East Prov.?  Yes  No    Are you a registered voter in East Prov.?  Yes  No

Do you own other real estate in Rhode Island, or any other state?  Yes  No

If yes, Address/City/State: \_\_\_\_\_

Do you receive an exemption in any other community or state?  Yes  No

If yes, City/State: \_\_\_\_\_

### DWELLING INFORMATION:

SINGLE FAMILY     TWO-FAMILY     THREE-FAMILY     FOUR-FAMILY

CONDOMINIUM     BUSINESS/RESIDENTIAL COMBINATION     OTHER

### TAXPAYER'S STATEMENT

I/We certify that I/We are **FULL-TIME** residents of the City of East Providence, and are the **OWNERS AND OCCUPANTS** of the property listed above.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Owner/Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM MUST BE RETURNED TO THE ASSESSOR'S OFFICE ON (OR BEFORE) MARCH 15<sup>TH</sup>**

### ASSESSOR'S OFFICE USE ONLY

Account Number: \_\_\_\_\_ Map: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel: \_\_\_\_\_

Proof of Age: \_\_\_\_\_ Proof of Age: \_\_\_\_\_



PRINTED ON RECYCLED PAPER