

City of East Providence

FINANCE DEPARTMENT - ASSESSOR'S OFFICE
CITY HALL
145 TAUNTON AVENUE
EAST PROVIDENCE, RHODE ISLAND 02914-4505
PHONE (401) 435-7574 --- FAX (401) 435-1915
Hours: 8:00 am till 4:00 pm Monday thru Friday

Assessor's Use Only

Date Mailed: _____
Account #: _____
Map: _____ Block: _____ Prcl: _____

SALES VERIFICATION FORM

OWNER NAME: _____

LOCATION: _____

Date Purchased: _____ / _____ / _____ Purchase Price: \$ _____

Did your purchase involve any of the following conditions?

Was the sale between family members, or a partial interest in the property? NO: _____ YES: _____

Is your property subject to deed restrictions or easements? NO: _____ YES: _____

Dwelling Information (please answer all questions)

- | | | | | |
|---------------------------|----------------------|---|-------------------------------|--------------------|
| 1. Dwelling Type: | _____ 1-Family | _____ 2-Family | _____ 3-Family | _____ 4-Family |
| | _____ Condo | _____ Res & Comm | _____ Other | _____ |
| 2. Basement: | _____ Full | _____ 3/4 | _____ 1/2 | _____ 1/4 |
| | _____ Slab | _____ Crawl Space | _____ | _____ |
| 3. Finished Basement: | _____ No | _____ Yes (if yes, approximate percentage finished) | | |
| 4. Attic: | _____ Unfinished | _____ 1/4 Finished | _____ 1/2 Finished | _____ 3/4 Finished |
| | _____ Fully Finished | _____ Scuttle Entry Only | _____ Dropstair Entry Only | _____ |
| 5. Is Attic Heated? | _____ No | _____ Yes | _____ | _____ |
| 6. Fireplace(s): | _____ None | _____ One | _____ Two | _____ Three |
| 7. Bedrooms | _____ One | _____ Two | _____ Three | _____ Four |
| 8. Full Bathroom(s): | _____ One | _____ Two | _____ Three | _____ Four |
| 9. Half Bathroom(s): | _____ None | _____ One | _____ Two | _____ Three |
| 10. Kitchen(s) | _____ One | _____ Two | _____ Three | _____ Four |
| 11. Flooring: | _____ Hardwood | _____ Carpet | _____ Vinyl | _____ Quarry Tile |
| | _____ Pine/Soft Wd | _____ Slate | _____ Marble | _____ Other |
| 12. Heating Type: | _____ Forced Water | _____ Forced Air | _____ Steam | _____ Electric |
| | _____ Gas on Gas | _____ Floor Furnace | _____ No Heating | _____ Solar |
| 13. # of Heating Systems: | _____ One | _____ Two | _____ Three | _____ None |
| 14. Central Air Cond.: | _____ No | _____ Yes | _____ Partial (explain _____) | |
| 15. Condition of House: | _____ Good | _____ Average | _____ Fair | _____ Poor |
| 16. Style of House: | _____ Ranch | _____ Raised Ranch | _____ Cape | _____ Colonial |
| | _____ Cottage | _____ Conventional | _____ Bungalow | _____ Other |
| 17. Year Built: | _____ | | | |
| 18. Garage(s): | _____ No Garage | _____ 1-Car | _____ 2-Car | _____ 3-Car |
| 19. Garage Type: | _____ Attached | _____ Detached | _____ Basement | _____ Other |
| 20. Height of House: | _____ 1-Story | _____ 1 1/2 Stories | _____ 1 3/4 Stories | _____ 2 Stories |

Size

Approximate Year Built

- | | | | |
|------------------|--------------------|-------|-------|
| 21. Other Items: | Above Ground Pool: | _____ | _____ |
| | In-Ground Pool: | _____ | _____ |
| | Enclosed Porch: | _____ | _____ |
| | Open Porch: | _____ | _____ |
| | Wood Deck: | _____ | _____ |
| | Patio: | _____ | _____ |
| | Shed: | _____ | _____ |
| | Other: | _____ | _____ |

22. Was there any major remodeling or repairs to the house prior to, or after the sale? NO: _____ YES: _____

If **yes**, please describe the extent of the remodeling or repairs.

23. At the time of the sale, was there any portion of the house unfinished? NO: _____ YES: _____

If **yes**, please describe what section was unfinished.