

**ELDERLY (OVER 65) EXEMPTION APPLICATION - BARRINGTON RI**

Name: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Plat / Lot: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

This application provides an exemption from taxation of \$18,400 of a qualifying residential property value for a resident who maintains a permanent place of abode in the Town of Barrington and is present in the Town of Barrington for an aggregate of more than 183 days in any calendar year. If an applicant's income is \$28,000 or less, they may want to consider filing for a "Circuit Breaker Exemption" instead of this exemption, which provides a greater tax deduction depending on income.

**Please answer the following questions;**

- Yes  No 1. I am at least 65 years of age (as of December 31st last year)
- Yes  No 2. The home I am requesting exemption from is my **permanent** place of abode.
- Yes  No 3. I reside in the above referenced home **at least 183** days in a calendar year.
- Yes  No 4. I am receiving an elderly exemption from another city/town in Rhode Island
- Yes  No 5. I am receiving an elderly exemption in a state other than Rhode Island.

In the event that any eligible property shall be owned by two or more eligible persons, only one such person may file an application for exemption pursuant to 169-8.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This form must be received by the Assessor's Office no later than March 31st***

**NOTARY PUBLIC**

*State of Rhode Island*

County of \_\_\_\_\_ State of \_\_\_\_\_

Subscribed and sworn to before me 2 time this the \_\_\_\_\_ day of (month) **20**

My commission expires: \_\_\_\_\_ Date of Expiration \_\_\_\_\_ Signature of Notary \_\_\_\_\_

***THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED***

**ASSESSOR'S OFFICE USE ONLY**

PROOF OF AGE SUBMITTED BY THE APPLICANT

- Drivers License  Birth Certificate  Baptismal Certificate  Certificate of Citizenship
- Exemption Granted  Exemption Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_