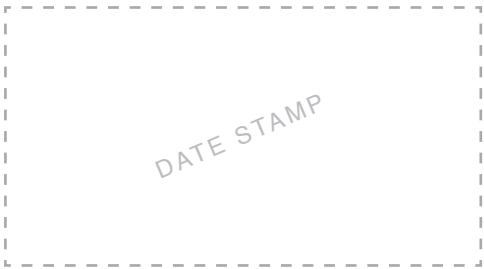




Town of Barrington

**ELDERLY TAX EXEMPTION APPLICATION**  
**Due October 31st**  
**(Each and Every Year)**



**APPLICANT INFO** (Must be born on or before 12-31-1958) Current Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Plat/Lot: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_ Acct #: \_\_\_\_\_  
Life Estate Held By: \_\_\_\_\_ Trustee of Trust: \_\_\_\_\_  
Beneficiary of Trust: \_\_\_\_\_  
Automobile Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate Number: \_\_\_\_\_

**ALTERNATE CONTACT INFO**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

**YES**     **NO**    1.) Are you at least 65 years of age? **Must include a copy of Identification (ID)**  
 **YES**     **NO**    2.) Is the home you are requesting exemption in your **permanent** place of residence?  
 **YES**     **NO**    3.) Do you reside in the above referenced home at least **183 days** in a calendar year?  
 **YES**     **NO**    4.) Are you receiving an Elderly Exemption in any other City/Town in Rhode Island?  
 **YES**     **NO**    5.) Are you receiving an Elderly Exemption in any other state in the U.S.?  
Household Size:     One     Two     Three     Four     Five     Six     Other \_\_\_\_\_

If you need assistance with filling out this form, call (401) 247-1900, ext. 3.

In the event that any eligible property shall be owned by two or more eligible persons, only one such person may receive any such exemption. The applicant must be an owner of the property in order to receive the exemption.

Under the provisions of an ordinance granting certain assessment reductions on real estate **owned and** occupied by persons over sixty five (65) years of age who shall file qualified and certified annual statements of income with the Tax Assessor on or before **October 31st each and every year**.

**Check this box if you do not wish to include your annual income and are just requesting the flat Elderly Exemption (if authorized by the Barrington Town Council).**

Elderly exemptions are granted on a **yearly basis**, based on annual income from the prior calendar year. Please attach a copy of your prior years tax return along with this completed application. If you do not file annual tax returns, please complete the statement of income information listed on the opposite side **(SEE REVERSE SIDE OF FORM)**

**STATEMENT OF INCOME (Please submit tax return if filed)**

- (a) Salary or Wages ..... \$ \_\_\_\_\_
- (b) Social Security (Gross, not Net) ..... \$ \_\_\_\_\_
- (c) Insurance Annuities..... \$ \_\_\_\_\_
- (d) Pension Distributions, Trusts, etc..... \$ \_\_\_\_\_
- (e) Bank or other interest bearing accounts ..... \$ \_\_\_\_\_
- (f) Rental Income ..... \$ \_\_\_\_\_
- (g) Sickness or Accident Insurance ..... \$ \_\_\_\_\_
- (h) Stock Gains ..... \$ \_\_\_\_\_
- (i) Capital gain on sale of real estate, personal, or intangible property ..... \$ \_\_\_\_\_
- (j) Gross income of Spouse ..... \$ \_\_\_\_\_
- (k) Disability Income (i.e. SSDI) ..... \$ \_\_\_\_\_
- (l) All other income ..... \$ \_\_\_\_\_

**TOTAL INCOME** (do **not** count money from "Reverse Mortgages")

**CERTIFICATION:**

If future tax exemptions is anticipated, I understand that I must make application to the Tax Assessor's Office **each year on or before October 31st** of the year immediately following the year for which tax exemption is requested. You also understand that the Tax Assessor is empowered to investigate, require revision of, or validate any/all of the information contained herein, and that the information herein is given subject to penalties contained in the ordinance.

***I swear under penalty of perjury that the foregoing information is true, complete, and correct.***

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

Subscribed and sworn to before me, on this the \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

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

Notary Public: \_\_\_\_\_

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

Notary ID: \_\_\_\_\_ My Commission expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ASSESSOR'S OFFICE USE ONLY**

- GRANTED
- DENIED
- WAITING FOR TAX RETURNS
- WAITING FOR PROOF OF AGE
- Proof That Applicant Is Registered To Vote in Barrington
- Proof That Applicant Has Motor Vehicles Registered in Barrington
- Tax Assessor  \_\_\_\_\_

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

