



BARRINGTON
RHODE ISLAND

ELDERLY EXEMPTION

(Income Based Applications Are
Due October 31st Every Year)

APPLICANT Name and Mailing Address

Name: _____ Current Date: _____

Address: _____

Address: _____

City/State/Zip: _____

Life Estate Held By: _____

Birth Date: _____

Trustee of Trust: _____

Plat - Lot: _____

Beneficiary of Trust: _____

Act #: _____

Email: _____

Phone: _____

ALTERNATE Contact: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

YES NO 1.) Are you at least 65 years of age? **Please Include a copy of License or State 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.

If 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.

Check here to request the Flat Elderly Exemption

(The Flat Elderly Exemption is NOT income based and does not require an annual application).

Income based 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 with this application. If you do not file annual tax returns, please include your Annual FORM SSA - 1099 – Social Security Benefit Statement and complete the statement of income information on the next page.

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 \$ _____
(do not count money from "Reverse Mortgages")

CERTIFICATION:

If future tax exemptions are 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. I 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

<input type="checkbox"/> GRANTED	<input type="checkbox"/> Proof That Applicant Is Registered to Vote in Barrington
<input type="checkbox"/> DENIED	<input type="checkbox"/> Copy of Driver License / State ID
<input type="checkbox"/> WAITING FOR TAX RETURNS	
<input type="checkbox"/> WAITING FOR PROOF OF AGE	

Assessor Signature: _____ Date: _____

