



**BARRINGTON**  
RHODE ISLAND

# ELDERLY EXEMPTION

(Income Based Applications Are  
Due October 31<sup>st</sup> 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: \_\_\_\_\_

