



Tax Assessor

Town of East Greenwich

OFFICE OF THE ASSESSOR

125 Main Street
East Greenwich, RI 02818
Clerk (401) 886-8601
Assessor (401) 886-8614

APPLICATION FOR SENIOR EXEMPTION

Date: _____

Name of Applicant: _____ Phone: _____

Date of Birth: _____ Driver's License Number: _____

Name of Spouse (if applicable): _____

Residence Address: _____

MAP ____ PLAT ____ LOT ____ UNIT ____

Real Estate Acct # _____ Motor Vehicle Acct # _____

Mailing Address (if different from above): _____

How many years have you been a resident of East Greenwich? (non-consecutive) _____

Please note that five (5) years of residency is required for this Senior Exemption.

Eligibility is based on age at date of tax assessment.

****Attach a copy of your license or State Issued photo ID to verify proof of age****

I HEARBY SWEAR UNDER PENALTY OF PERJURY THAT I ACTUALLY CLAIM RESIDENCY AT THE ABOVE ADDRESS; THE PROPERTY IS CLASSIFIED AS A SINGLE FAMILY RESIDENCE AND THAT I HAVE ACTUALLY LIVED IN THE TOWN OF EAST GREENWICH FOR AT LEAST FIVE (5) YEARS PRIOR TO THE DATE OF THIS APPLICATION IF APPLYING FOR THIS TAX CREDIT. I AFFIRM THAT ALL OF THE FORGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant Signature: _____

Notary Public: _____

My Commission Expires: _____

FOR OFFICE USE ONLY

Information Confirmed _____

Approved for Tax Year _____

Entered into MUNIS _____

****Applications must be received/postmarked by March 15th in order to receive exemption on upcoming tax roll****