City of East Providence
Assessment Division

145 TAUNTON AVENUE
EAST PROVIDENCE, RI 02914-4505
PHONE (401) 435-7574 EMAIL assessor@eastprovidenceri.gov

Assessor's Use Only
Date Mailed: _____
Account #: _____
MAP: BLK: PRCL:

Roberto L. DaSilva
Mayor

Sarah Frew
Tax Assessor

HOMESTEAD EXEMPTION APPLICATION REDUCTION ON ASSESSED VALUATION

THE HOMESTEAD EXEMPTION IS NOT AUTOMATIC. THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY WITH COPIES OF PROOF OF LEGAL PRIMARY RESIDENCE AND RETURNED TO THE EAST PROVIDENCE ASSESSOR'S OFFICE BY MARCH 15TH. TO QUALIFY THIS PROPERTY MUST HAVE BEEN YOUR PRIMARY RESIDENCE BY DECEMBER 31ST.

APPLICATION INFORMATION

Applicant's Name: _____ Co-Applicant's Name: _____

Legal Address: Legal Address:

Do you intend to make this property your permanent place of residence? Yes No Date

EMAIL : _____

Phone Number: ( ) _____ Phone Number: ( ) _____

RI Driver's License #: _____ RI Driver's License #: _____

Date of Birth: _____ Date of Birth: _____

License Plate(s) #: _____ License Plate(s) #: _____

Must be registered in East Providence **Must be registered in East Providence**

Previous Address: _____ Previous Address: _____

Are you a registered voter in East Providence? Are you a registered voter in East Providence?

NO: _____ YES: _____ NO: _____ YES: _____

Do you own real estate in any other city/town (including East Providence) or **any other state**? Do you own real estate in any other city/town (including East Providence) or **any other state**?

NO: _____ YES: _____ NO: _____ YES: _____

If **yes**: State: _____ If **yes**: State: _____

City: _____ City: _____

Address: _____ Address: _____

Do you receive any exemption(s) in any other city/town (including East Providence) or **any other state?** Do you receive any exemption(s) in any other city/town (including East Providence) or **any other state?**

NO: _____ YES: _____ NO: _____ YES: _____

If **yes**, where and what exemption(s): If **yes**, where and what exemption(s):

By signing this document you acclaim that you are the owner, you currently occupy the property, and the property is your legal primary residence. The Assessor's Office has a Notary Public in-house.

Property Address _____

Signed _____

Subscribed and sworn before me on this _____ day of _____ _____
Date Month Year

Notary public _____

Expiration date _____

Fraud punishable by up to 6 years principal plus 15% interest with tax lien.

PLEASE SUBMIT:
Motor Vehicle Registration &
RI Driver's License or ID Card

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SALES VERIFICATION FORM

LOCATION: _____

Date Purchased: ___/___/_____ Purchase Price: _____

Did your purchase involve any of the following conditions?

Was the sale between family members, or a partial interest in the property? NO: _____ YES: _____

Is your property subject to deed restrictions or easements? NO: _____ YES: _____

Dwelling Information (please answer all questions)

1. Dwelling Type:	_____	1-Family	_____	2-Family	_____	3-Family	_____ 4-Family
	_____	Condo	_____	Res & Comm	_____	Other	_____
2. Basement:	_____	Full	_____	3/4	_____	1/2	_____ 1/4
	_____	Slab	_____	Crawl Space			
3. Finished Basement:		No		Yes (if **yes**, approximate percentage finished			
4. Attic:	_____	Unfinished	_____	1/4 Finished	_____	1/2 Finished	_____ 3/4 Finished
	_____	Fully Finished	_____	Scuttle Entry Only	_____	Dropstair Entry Only	
5. Is Attic Heated?	_____	No	_____	Yes			
6. Fireplace(s):	_____	None	_____	One	_____	Two	_____ Three
7. Bedrooms	_____	One	_____	Two	_____	Three	_____ Four
8. Full Bathroom(s):	_____	One	_____	Two	_____	Three	_____ Four
9. Half Bathroom(s):	_____	None	_____	One	_____	Two	_____ Three
10. Kitchen(s)	_____	One	_____	Two	_____	Three	_____ Four
11. Flooring:	_____	Hardwood	_____	Carpet	_____	Vinyl	_____ Quarry Tile
	_____	Pine/Soft Wd	_____	Slate	_____	Marble	_____ Other
12. Heating Type:	_____	Forced Water	_____	Forced Air	_____	Steam	_____ Electric
	_____	Gas on Gas	_____	Floor Furnace	_____	No Heating	_____ Solar
13. # of Heating Systems:	_____	One	_____	Two	_____	Three	_____ None
14. Central Air Cond.:	_____	No	_____	Yes	_____	Partial (explain _____)	
15. Condition of House:	_____	Good	_____	Average	_____	Fair	_____ Poor
16. Style of House:	_____	Ranch	_____	Raised Ranch	_____	Cape	_____ Colonial
	_____	Cottage	_____	Conventional	_____	Bungalow	_____ Other
17. Year Built:	_____						
18. Garage(s):	_____	No Garage	_____	1-Car	_____	2-Car	_____ 3-Car
19. Garage Type:	_____	Attached	_____	Detached	_____	Basement	_____ Other
20. Height of House:	_____	1-Story	_____	1 1/2 Stories	_____	1 3/4 Stories	_____ 2 Stories

21. Other Items:	**Size**	**Approximate Year Built**
Above Ground Pool:		
In-Ground Pool:		
Enclosed Porch:		
Open Porch:		
Wood Deck:		
Patio:		
Shed:		
Other:		

22. Was there any major remodeling or repairs to the house prior to, or after the sale? NO: _____ YES: _____
If **yes**, please describe the extent of the remodeling or repairs.

23. At the time of the sale, was there any portion of the house unfinished? NO: _____ YES: _____
If **yes**, please describe what section was unfinished.