



City of East Providence Assessment Division

145 Taunton Avenue East Providence, RI 02914

Roberto L. DaSilva
Mayor

Sarah Frew
Assessor

OVER 65 EXEMPTION

(Age 65 prior to or on 12-31)

(PLEASE ATTACH COPY OF ID)

Phone: _____

Applicant's Name: _____

Co-Owner/Spouse: _____

Legal Address: _____

Legal Address: _____

Previous Address: _____

Previous Address: _____

City/State: _____

City/State: _____

Date of Birth: _____

Date of Birth: _____

RI Driver's License #: _____

RI Driver's License #: _____

License Plate #: _____

License Plate #: _____

Are you a registered voter in East Prov.? Yes No

Are you a registered voter in East Prov.? Yes No

Do you own other real estate in Rhode Island, or any other state? Yes No

If yes, Address/City/State: _____

Do you receive an exemption in any other community or state? Yes No

If yes, City/State: _____

DWELLING INFORMATION:

SINGLE FAMILY TWO-FAMILY THREE-FAMILY FOUR-FAMILY
 CONDOMINIUM BUSINESS/RESIDENTIAL COMBINATION OTHER

TAXPAYER'S STATEMENT

I/We certify that I/We are **FULL-TIME** residents of the City of East Providence, and are the **OWNERS AND OCCUPANTS** of the property listed above.

Applicant's Signature: _____ Date: _____

Co-Owner/Spouse Signature: _____ Date: _____

FORM MUST BE RETURNED TO THE ASSESSOR'S OFFICE ON (OR BEFORE) MARCH 15TH

ASSESSOR'S OFFICE USE ONLY

Account Number: _____ Map: _____ Block: _____ Parcel: _____

Proof of Age: _____ Proof of Age: _____