

PLEASE RETURN TO: TAX ASSESSOR'S OFFICE, 43 BROADWAY, NEWPORT, RI 02840

THIS FORM MUST BE RECEIVED IN THIS OFFICE BY **MARCH 15, 2012** TO QUALIFY FOR THE EXEMPTION ON THE TAX BILL YOU WILL RECEIVE IN JULY **2012**. ADDITIONALLY YOU CAN NOT FAX OR EMAIL THIS FORM TO US. PLEASE KEEP THIS DEADLINE IN MIND ESPECIALLY IF YOU ARE MAILING THIS DOCUMENT TO US. YOU CAN HAVE SOMEONE ELSE PREPARE THIS DOCUMENT FOR YOU, SO IF YOU HAVE A TRUSTED FAMILY MEMBER/FRIEND PLEASE INFORM THEM ABOUT THIS APPLICATION AND ITS DEADLINE DATE.

SENIOR EXEMPTION APPLICATION
PROPERTY TAX EXEMPTION CLAIM

RESIDENTS 65 AND OLDER
WITH INCOME LEVELS AT OR BELOW:
SINGLE \$30,800 MARRIED-\$35,200

ACCOUNT # _____
CLAIMANT(S) _____

MAILING ADDRESS _____
CITY/STATE _____
ZIP _____

Date Received Stamp

BIRTHDATE: _____ SS# _____ - _____ - _____

SPOUSE BIRTHDATE: _____ SS# _____ - _____ - _____

PROPERTY ADDRESS _____
NEWPORT, RI 02840

THIS DOCUMENT IS ALSO AVAILABLE ON OUR WEBSITE
<http://www.cityofnewport.com/departments/finance/assess/applications.cfm>

Exemption applications are selected at random for a thorough audit to ensure that exemptions have been properly applied. If my application is selected for audit I understand if my application is selected for audit I will be required to provide proof of all financial items listed as income/expenses.

I also understand that if the property receiving the exemption is transferred, sold, registered owners are deceased, the exemption is subject to be prorated to the new listed owner on the date of transfer/death. This prorated amount will not apply to a surviving spouse who otherwise qualifies for the exemption, nor will apply for life tenancy in the property.

By signing below you are acknowledging that you read and understand the above statements and you agree to be bound by the terms of receiving the exemption.

Signature (s) _____ Date _____

_____ Date _____

Signature of preparer (if applicable) Date _____

Please see additional sheet for further instruction

ASSESSOR'S USE ONLY
GRANTED _____
DENIED _____
(If Denied the property owner will be notified via U.S. Postal Service)
Assessment
\$ _____
Tax Amount
\$ _____

INCOME WORKSHEET (**FILLED OUT ENTIRELY**-IF IT DOESN'T APPLY PLEASE ENTER N/A) **PLEASE ENTER THE ANNUAL AMOUNT NOT WEEKLY OR MONTHLY.**

1. SOCIAL SECURITY-INCLUDING MEDICARE PREMIUMS AND RAILROAD RETIREMENT BENEFITS	\$ _____ PER YEAR
2. UNEMPLOYMENT BENEFITS/WORKERS COMPENSATION	\$ _____ PER YEAR
3. WAGES, SALARIES, TIPS, ETC	\$ _____ PER YEAR
4. BANK ACCOUNT TOTALS (AVERAGE ANNUAL BALANCE)	\$ _____ PER YEAR
5. BUSINESS AND FARM INCOME (NET AFTER EXPENSES)	\$ _____ PER YEAR
6. PENSION AND ANNUITY INCOME (TAXABLE & NONTAXABLE)	\$ _____ PER YEAR
7. RENTAL INCOME (NET AFTER EXPENSES)	\$ _____ PER YEAR
8. PARTNERSHIP, ESTATE, TRUST INCOME	\$ _____ PER YEAR
9. TOTAL GAIN ON SALE OR EXCHANGE OF PROPERTY	\$ _____ PER YEAR
10. LOSS ON SALE OR EXCHANGE OF PROPERTY (CAPITAL LOSSES ARE LIMITED TO \$3,000)	\$ _____ PER YEAR
11. CASH PUBLIC ASSISTANCE (WELFARE)	\$ _____ PER YEAR
12. ALIMONY AND SUPPORT MONEY	\$ _____ PER YEAR
13. NONTAXABLE MILITARY/VETERAN COMPENSATION AND CASH BENEFITS	\$ _____ PER YEAR
14. REVERSE MORTGAGE INCOME <i>(THIS INFORMATION WILL BE VERIFIED WITH THE LAND EVIDENCE RECORDING DEPARTMENT)</i>	\$ _____ PER YEAR
15. ALL OTHER INCOME (PLEASE SPECIFY) _____	\$ _____ PER YEAR
TOTAL HOUSEHOLD INCOME FOR THE YEAR 2011 (ADD LINES 1-15)	\$ _____ PER YEAR

- I am 65 or older as of December 31, 2011
- My income does not exceed the income guidelines listed
- I have owned and held title continuously for the past five years
- I am a full time resident of the City of Newport
- I do not receive any type of exemption in any other community/State
- This dwelling is used solely as a Residence

Please use the bottom portion of this page for additional items you would like to inform the Assessor of:
