



City of Providence Indigent Application

As provided by Rhode Island General Law 44-3-3 (16), any person deemed impoverished may request relief from property taxes. To qualify for consideration you must:

- Own the property in which you live in
- Reside in the home for the entire calendar year
- Provide the Assessor's Office with any and all documents to substantiate your request (federal tax return, bank statements, proof of income, etc.)
- Allow an appraiser from our office inspect the property for assessment purposes
- Come to City Hall for a further interview, if necessary.

Applicant Information

Claimant

Name: _____ Date: _____
Last First M.I.

Claimant 2

Name: _____ Date: _____
Last First M.I.

Property

Address: _____
Street Address Condo/Unit #

Phone: _____ Email: _____

Age of Claimant: _____ Age of Claimant 2: _____ Number of dependents: _____

Reserves

Cash on hand: _____ Checking acct. total: _____ Savings acct. total: _____

Stocks/bond total: _____

Household Income

Social Security: _____ Unemployment: _____ Wages/salary/tips: _____

Dividends and interest: _____ Pension/annuity income: _____ Rental income: _____

Partnership/Estate /Trust income: _____ Cash Public Assistance: _____ Alimony/Child Support: _____

Military income and cash benefits: _____ Other taxable income (specify): _____ Other non-taxable income (specify): _____

Total household income from above: _____



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Household Expenses

Mortgage: _____ Water/Sewer: _____ Other (explain): _____

Second Mortgage: _____ Transportation: _____ Other (explain): _____

Condo Fees: _____ Insurance: _____ Other (explain): _____

Heating oil or gas: _____ Other (explain): _____ Other (explain): _____

Total household expenses from above: _____

In addition to providing documentation to support the income listed on the reverse side, please list any additional information you may have (attach additional sheet if necessary):

Disclaimer and Signature

I, the undersigned claimant, attest that all information contained herein is true to the best of my knowledge and that the City of Providence is authorized to investigate and verify any such information.

Signature: _____ Date: _____

Signature 2: _____ Date: _____

DO NOT USE: ASSESSORS USE ONLY

Plat/Lot _____ Assessment: _____ Current Taxes: _____

Current Exemptions: _____ Appraiser Inspection: _____ Comments: _____

Approved By: _____ Amount of reduction: _____ Date: _____