

**APPLICATION FOR ELDERLY EXEMPTION*****Section One:***

Applicant: _____ Date of Birth: _____ S.S.# _____ - _____ - _____

Spouse: _____ Date of Birth: _____ S.S.# _____ - _____ - _____

Address: _____
Street Name and Number_____
City State Zip***Section Two:***

1. Number of years resided at the above address? _____
2. Are you a LEGAL resident of Rhode Island? YES / NO (If NO, please explain on an attached sheet)
3. Are you registered to vote in Rhode Island? YES / NO (If NO, please explain on an attached sheet)
4. Do you reside in the property TWELVE (12) months of the year? YES / NO
(If NO, please explain on an attached sheet)
5. Number of units in the property? _____

Section Three:

Plat / Lot: _____ Account #: _____

Document Submitted as Proof of Age: (Please check one)

_____ Drivers License

_____ Birth Certificate

_____ RI ID

Other _____

The undersigned does hereby swear that the above information is true and correct to the best of his/her knowledge._____
Signature of Applicant_____
Date