



## City of Providence Tax Freeze Application

Any household earning \$25,000 or less per year may apply for a tax freeze, which will limit the increase of taxes to 5.5% from year to year. 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 here (explanations, expenses, etc.)

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### 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: \_\_\_\_\_ Reduction amount or Tax Freeze: \_\_\_\_\_ Date: \_\_\_\_\_