

City of Providence

Declaration For

Owner-Occupied Tax Rate

Qualifications – To qualify, you **must**:

1. Own [(Be a natural person(s)) holding legal title] your residence (home) as of December 31st
2. Actually reside (live) in your residence from January 1st to December 31st
3. Be a permanent Providence resident as of December 31st

To file properly, **all owners who qualify** for the exemption **MUST** file by mail or in person with the City Assessor's office, Providence, RI 02903, the enclosed declaration for owner-occupied tax and a copy of your ***Rhode Island Vehicle Registration*** (required) **AND** one of the following:

Check one of the following to include with your RI Vehicle Registration:

- ☐ Rhode Island Driver's License
- ☐ Automobile Insurance Policy (declaration page)
- ☐ Homeowner's Insurance policy (declaration page)

NOTE: THE CITY ASSESSOR MAY REQUIRE ADDITIONAL INFORMATION, WHICH HE/SHE DEEMS NECESSARY TO CARRY OUT THE INTENT OF THE ORDINANCE.

IF THE TAXPAYER KNOWINGLY GIVES MISINFORMATION AS TO OWNERSHIP AND/OR OCCUPANCY OF THE REAL ESTATE ON HIS/HER APPLICATION FOR AN OWNER-OCCUPIED TAX, THE CITY ASSESSOR MAY, IN SUCH EVENT, REMOVE THE OWNER-OCCUPIED TAX AND RECALCULATE THE TAX FOR THE PERIOD IN QUESTION AND IN ADDITION CHARGE THE TAXPAYER THE MAXIMUM INTEREST PERMITTED BY LAW.

Declaration For Owner-Occupied Tax Rate

Plat____ Lot____ Unit____

To the Providence City Assessor.

This is my **DECLARATION FOR OWNER-OCCUPIED TAX** in the
CITY OF PROVIDENCE that I am filing this day.

I hereby declare that I reside in and maintain a place of abode at:

Number and Street Apt. Or Unit #

_____, Rhode Island _____
City Zip Code

Which place of abode I recognize and intend to maintain as my permanent home and, if I maintain another place or places of abode in some other CITY/TOWN or state, I hereby declare that my above-described residence and abode in the CITY of PROVIDENCE constitutes my predominant and principle home, and I intend to continue it permanently as such. I, at the time of making this declaration, am a bona fide resident of the CITY of PROVIDENCE.

I formerly resided at: (If you previously resided in a different property less than three years ago, please print the address below. If same, print "SAME").

Number and Street Apt. Or Unit #

City, State, and Zip Code

I understand that I shall furnish proof of residence (**see third page**) in accordance with Chapter 2001-25 No. 398 of the Ordinances of the City of Providence

By Checking ALL of the following boxes, AND signing below, I swear that I:

- ☐ Own [(Am a natural person(s)) holding legal title] my residence (home) as of December 31st
- ☐ Actually reside (live) in my residence as of December 31st
- ☐ Am a permanent Providence resident as of December 31st
- ☐ Am clear of Housing Court Judgements as of December 31st

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

Signature

Print Name

Phone Number

State of Rhode Island

City of Providence

Sworn to and subscribed before me this ____ day of _____, _____ by the above named, who

☐ Is personally known to me or ☐ has produced the following type of ID:

Signature of Notary
Commission Expires:

Print, Type or Stamp Commissioned Name
Commission Number:

Owner-Occupied Tax Rate Eligibility Form

To be filed with Declaration for Owner-Occupied Tax

Name: _____

Address: _____ Plat/Lot _____ .

1. Please list all motor vehicles registered at your address, including in your answer: (1) R.I. license plate number, (2) year, (3) make and (4) model:

Car No.	Lic. Plate	Year	Make	Model	Date First Registered
1					
2					
3					
4					

2. Please list all other cars that you or anyone else who in your household owns, including in your answer (1) the state of registration, (2) license plate number, (3) Year, (4) Make, (5) Car Model, and (6) whether you own or lease the vehicle:

Car No.	State	Lic. Plate	Year	Make	Model	Own/Lease	Date First Registered
1							
2							
3							
4							

4. If you kept any of the motor vehicles listed in Rhode Island for fewer than 30 days this calendar year, please list those cars here:
5. If neither you nor anyone else who resides at your address owns any motor vehicles, please indicate so by marking your initials here:

I hereby certify under oath, and subject to the pains and penalties of perjury, that all of the information described on this form is accurate after a reasonable search and to the best of my knowledge.

Signature _____

Date _____

State of Rhode Island

City of Providence

Sworn to and subscribed before me this _____ day of _____, _____ by the above named, who

☐ Is personally known to me or ☐ has produced the following type of ID:

Signature of Notary
Commission Expires:

Print, Type or Stamp Commissioned Name
Commission Number: