



PROPERTY TAX RELIEF CLAIM

Claimant and Spouse Name: _____ Claimant S.S.# _____ - _____ - _____

Address _____ City, State _____ Zip _____

Phone # _____

Fill in the reverse side of this form to the best of your ability. Sign and date this side of the form. Return completed Tax form to: Tax Assessor's Office, 25 Dorrance Street, Providence, RI 02903 by MARCH 15 for consideration. To qualify for consideration for special relief of taxes , you MUST: own the property in which you live, reside in the city of Providence for the entire calendar year, be willing to provide this office with any and ALL documents to substantiate your request for assistance, allow an appraiser from this office to re-inspect your property for assessment purposes, and come to city hall for a further interview.

Section One – Personal Information

Age of Claimant _____ Age of Spouse _____ No. of Dependents _____ Ages _____

Were you a legal resident of Providence ALL of last year? YES / NO

Did you live in the household ALL of last year? YES / NO

Section Two – Reserves

Cash on Hand \$ _____ Checking Acct. Total \$ _____ Savings Acct. Total \$ _____

Stocks/Bonds Total \$ _____ Other assets (including real estate): _____

Section Three – Household Income

Social Security (including Medicare premiums): Monthly _____ or Yearly _____

Unemployment benefits, workman's compensation: Monthly _____ or Yearly _____

Wages, salaries, tips, etc.: Monthly _____ or Yearly _____

Dividends and Interest (taxable and non-taxable): Monthly _____ or Yearly _____

Business and Farm Income (net of expenses): Monthly _____ or Yearly _____

Pension and annuity income (taxable and non-taxable): Monthly _____ or Yearly _____

Rental Income (net of expenses): Monthly _____ or Yearly _____

Partnership, estate and trust income: Monthly _____ or Yearly _____

Total Gain on Sale or exchange of property: Monthly _____ or Yearly _____

Loss on sale or exchange of property: Monthly _____ or Yearly _____

Cash public assistance (welfare, etc.): Monthly _____ or Yearly _____

Alimony and support monies: Monthly _____ or Yearly _____

Nontaxable military compensation and cash benefits: Monthly _____ or Yearly _____

Other nontaxable income (specify on an attached sheet): Monthly _____ or Yearly _____

TOTAL household income from ALL of the above: Monthly _____ or Yearly _____

Section Four – Signatures

Please List any Comments you may have here: _____

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 of Claimant

Date

DO NOT USE : FOR OFFICE USE ONLY

Plat _____ Lot _____ Assessment \$ _____ Taxes \$ _____

Exemptions _____

Field Check completed by _____ Date _____

Comments of Appraiser

Approved by _____ Percentage of Reduction _____