

TAX FREEZE APPLICATION  
INSTRUCTIONS FOR FILING

1. COMPLETE ALL QUESTIONS. APPLICATION MUST BE TYPEWRITTEN OR PRINTED IN INK.
2. IF AN ANSWER TO A QUESTION IS "NOT APPLICABLE", ENTER N/A
3. APPLICATION MUST BE NOTARIZED.
4. A COPY OF YOUR LATEST IRS RETURN MUST BE ATTACHED TO THIS APPLICATION.

ELIGIBILITY REQUIREMENTS

- A. PROGRAM ALLOWS FOR FREEZING OF TAXES FOR THOSE HOUSEHOLDS WITH GROSS EARNINGS OF \$25,000 OR LESS DURING THE PRIOR CALENDAR YEAR.
- B. INCOME IS BASED ON THE GROSS INCOME OF ALL INDIVIDUALS RESIDING IN THE HOME OF THE APPLICANT OVER THE AGE OF 18.
- C. APPLICANT MUST BE A RESIDENT OF THE SUBJECT PROPERTY.
- D. SUBJECT PARCEL MAY CONTAIN NO MORE THAN 3 RESIDENTIAL UNITS (RETAIL/COMMERCIAL SPACE PROHIBITED).
- E. FOR INCOME #2 AND #3 FILL IN THE FOLLOWING:

INCOME #2.....NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TEL.# \_\_\_\_\_

AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

INCOME #3.....NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TEL.# \_\_\_\_\_

AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

- F. IF TITLE TO THE REAL ESTATE INCLUDES THE NAME(S) OF PERSONS NOT LIVING IN THE PROPERTY, FILL OUT THE FOLLOWING:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

OWN/RENT \_\_\_\_\_ TEL.# \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ EMPLOYER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

OWN/RENT \_\_\_\_\_ TEL.# \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ EMPLOYER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

OWN/RENT \_\_\_\_\_ TEL.# \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ EMPLOYER \_\_\_\_\_

NOTICE

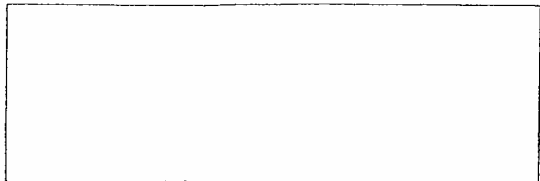
BY SIGNATURE OF THIS APPLICATION AND SUBMISSION TO THE CITY ASSESSOR REQUESTING THIS SPECIAL EXEMPTION CREDIT, YOU ARE AUTHORIZING THE CITY OF PROVIDENCE AND ITS AGENTS/REPRESENTATIVES TO VERIFY ALL INFORMATION SUBMITTED.

CITY OF PROVIDENCE TAX ASSESSORS OFFICE

\*\*\*\*\*ALL ANSWERS MUST BE TYPEWRITTEN OR PRINTED IN INK\*\*\*\*\*

1. ADDRESS OF PROPERTY \_\_\_\_\_
2. DO YOU RESIDE IN THIS PROPERTY 12 MONTHS OF THE YEAR? \_\_\_\_\_
3. NUMBER OF DWELLING UNITS IN THE PROPERTY \_\_\_\_\_
4. IS THERE ANY COMMERCIAL/OFFICE/RETAIL SPACE? \_\_\_\_\_
5. NUMBER OF PERSONS IN THE HOUSEHOLD (BESIDE YOURSELF) OVER 18 \_\_\_\_\_
6. ARE YOU SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 TELEPHONE # \_\_\_\_\_



ATTACH A COPY OF YOUR LATEST IRS RETURN FOR EACH OWNER, SPOUSE OR MEMBER OF THE HOUSEHOLD OVER 18 OR NOTE AN EXPLANATION ON THE REVERSE SIDE.

ASSETS:

- LIST OTHER REAL ESTATE OWNED \_\_\_\_\_
- SAVINGS ACCOUNT BALANCE.....\$ \_\_\_\_\_
- CHECKING ACCOUNT BALANCE.....\$ \_\_\_\_\_
- CERTIFICATE OF DEPOSIT(S).....\$ \_\_\_\_\_
- STOCKS/BONDS (TOTAL VALUE).....\$ \_\_\_\_\_
- AUTOMOBILE: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ REGISTRATION # \_\_\_\_\_

LIST ALL TAXABLE AND NONTAXABLE INCOME

	APPLICANT	INCOME #2	INCOME #3
WAGES, SALARIES, TIPS	_____	_____	_____
SOCIAL SECURITY PENSIONS/ANNUITIES	_____	_____	_____
OTHER RETIREMENT	_____	_____	_____
WORKMAN'S COMP	_____	_____	_____
WELFARE	_____	_____	_____
ALIMONY	_____	_____	_____
CHILD SUPPORT	_____	_____	_____
DIVIDENDS	_____	_____	_____
INTEREST	_____	_____	_____
RENTS	_____	_____	_____
BOARD	_____	_____	_____
BUSINESS INCOME	_____	_____	_____
CAPITAL GAINS	_____	_____	_____
DRAWING/PARTNERSHIP	_____	_____	_____
OTHER INCOME (EXPLAIN)	_____	_____	_____
TOTAL INCOME	_____	_____	_____

I, THE UNDERSIGNED, CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND AUTHORIZE THE CITY OF PROVIDENCE TO INVESTIGATE AND/OR VERIFY SUCH INFORMATION AS REQUIRED IN CONJUNCTION WITH THIS APPLICATION.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

SUBSCRIBED AND SWORN TO BEFORE ME  
 THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

FILING OF A FALSE APPLICATION IS SUBJECT TO CRIMINAL PENALTY, IMPRISONMENT FOR NOT MORE THAN ONE YEAR AND A FINE NOT TO EXCEED \$1,000.

\_\_\_\_\_  
 SIGNATURE & SEAL OF NOTARY PUBLIC