



TOWN OF NARRAGANSETT

Town Hall • 25 Fifth Avenue • Narragansett, RI 02882-3699
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FINANCE DEPARTMENT

APPLICATION FOR SENIOR VARIABLE EXEMPTION FOR NARRAGANSETT, R.I.

- QUALIFICATIONS:**
- A. 65 YEARS OR OLDER (BY DECEMBER 31ST)
 - B. RESIDENT OF 5 YEARS OR MORE; OR OWNED PROPERTY FOR 10 YRS AND ARE NOW A NARRAGANSETT RESIDENT.
 - C. NOT RECEIVING ANY EXEMPTIONS IN ANOTHER CITY/TOWN OR STATE.

FORM MUST BE FILED BY MARCH 15TH

TAX YEAR: _____

Applicant(s) _____ Date _____

_____ Daytime Phone: _____

Mailing Address _____ PLAT/LOT _____

City _____ State _____ Zip _____

Parcel Address (if diff. from above) _____ Number of Units _____

Date property acquired _____

Do you own any other property in Narragansett? _____

Do you own property in any other city/town or state? _____

Did you file for a tax exemption last year? Yes No (circle one)

If yes in what town/state did you file? _____

	Resident #1	Resident #2	Resident #3
Name			
Date became a resident of Narragansett			
Date of birth			
Marital status			
Current employer			
Social Security Number			
% owned & tenancy			

Continued on reverse side

INCOME WORKSHEET (FILLED OUT ENTIRELY – IF IT DOES NOT APPLY PLEASE ENTER N/A) – ENTER THE ANNUAL AMOUNT, NOT WEEKLY OR MONTHLY.

All back up documentation is required, 1099's, W-2's and Federal Tax return (if filed).

	Resident #1	Resident #2	Resident #3	Total
Social Security				
Pension/Annuity				
Wages				
Unemployment				
Interest				
Dividends				
IRA Withdrawal				
Capital Gains				
Rental Income				
Public Assistance				
Business Income				
Reverse Mtg Income				
Other (specify)				

Total Gross Household Income \$ _____

I hereby swear under penalty of perjury that I actually reside at the address for which exemption is requested and own and live at this address on a permanent basis, and that the dwelling is used exclusively by me (us). It is further understood that where any exemption is granted on the basis of incorrect information furnished by the applicant, the exemption shall be rescinded and the applicant shall be liable for the full tax plus interest retroactive to the date on which the taxes were due. The applicant will also be liable for any criminal penalties, which may be applicable for the furnishing of false information.

I certify that the above declaration constitutes any and all gross income into my/our household from January 1, 2021 thru December 31, 2021.

In addition, I hereby certify that I do not hold nor am I seeking a property tax related exemption in another State or Town.

Resident #1 Signature

Resident #2 Signature

Resident #3 Signature

Tax Assessor's Department

Date