



TOWN OF NARRAGANSETT

Town Hall • 25 Fifth Avenue • Narragansett, RI 02882-3699
Tel. (401)-782-0616 TDD (401)-782-0610 Fax (401)-788-2555

Office of the Tax Assessor

APPLICATION FOR SENIOR VARIABLE EXEMPTION FOR NARRAGANSETT, RI

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

FORM MUST BE FILED BY MARCH 15TH EVERY YEAR

TAX YEAR: _____

Applicant(s): _____ Date: _____

Daytime Phone: _____

Mailing Address: _____ Plat & Lot _____

City: _____ State: _____ Zip code: _____

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

Date property acquired _____

Do you own other property in Narragansett? _____

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

Did you file for a tax exemption last year? _____

If yes, in what city/town or 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 | | | |

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, including but not limited to, 1099's, W-2's, and Federal Tax return (if filed).

| | Resident # 1 | Resident # 2 | Resident # 3 | Total |
|------------------------|--------------|--------------|--------------|-------|
| Social Security Income | | | | |
| 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where any exemption is granted on the basis of incorrect information furnished by the applicant, the exemption shall be rescinded, and the applicant shall be liable for the full tax plus interest retroactive to the date on which the taxes were due.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, 2023 through December 31, 2023.

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 # 3 Signature

Resident # 3 Signature

Tax Assessor's Department

Date