

ELDERLY (OVER 65) EXEMPTION APPLICATION - BARRINGTON RI

Name: _____
Property Address: _____
Plat / Lot: _____
Date of Birth: _____
Home Phone: _____
Cell Phone: _____
E-Mail Address: _____

Date: _____

This application provides an exemption from taxation of \$18,400 of a qualifying residential property value for a resident who maintains a permanent place of abode in the Town of Barrington and is present in the Town of Barrington for an aggregate of more than 183 days in any calendar year. If an applicant's income is \$28,000 or less, they may want to consider filing for a "Circuit Breaker Exemption" instead of this exemption, which provides a greater tax deduction depending on income.

Please answer the following questions;

- ☐ Yes ☐ No 1. I am at least 65 years of age (as of December 31st last year)
- ☐ Yes ☐ No 2. The home I am requesting exemption from is my **permanent** place of abode.
- ☐ Yes ☐ No 3. I reside in the above referenced home **at least 183** days in a calendar year.
- ☐ Yes ☐ No 4. I am receiving an elderly exemption from another city/town in Rhode Island
- ☐ Yes ☐ No 5. I am receiving an elderly exemption in a state other than Rhode Island.

In the event that any eligible property shall be owned by two or more eligible persons, only one such person may file an application for exemption pursuant to 169-8.

Signature: _____ Date: _____

This form must be received by the Assessor's Office no later than March 31st**NOTARY PUBLIC***State of Rhode Island*

County of _____ State of _____

Subscribed and sworn to before me 2 time this the _____ day of _____ (month) **20**My commission expires: _____
Date of Expiration Signature of Notary***THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED*****ASSESSOR'S OFFICE USE ONLY**

PROOF OF AGE SUBMITTED BY THE APPLICANT

- ☐ Drivers License ☐ Birth Certificate ☐ Baptismal Certificate ☐ Certificate of Citizenship
- ☐ Exemption Granted ☐ Exemption Denied

Signature: _____ Date: _____