2025-26 Tax Year

Account:

Parcel ID:

## City of Newport Office of the Tax Assessor 43 Broadway Newport RI 02840

Application window: January 1st through March 15th

| Property Locati                                | on:   |  |   | Number of   | Dwelling Unit                                       | ts  |             |                  |
|--|---|--|---|---|---|---|-------------|------------------|
| Owner(s)                                       |   |  |   |   |   |   |             |                  |
| Mailing Address                                | s:  |  |   |   |   |   |             |                  |
|  |   |  |   |   |   |   |             |                  |
| <b>L.</b> Applicant_                           |   |  |   |   |   |   |             |                  |
| Phone Number                                   |   |  | Email   |   |   |   |             |                  |
| 2. (a)<br>f you have<br>a 1 Family             | Is this pro   | perty in Newport   | your Primary Reside   | ence of at least s  |   | onths or more   | per year?   | Y N If           |
| Home or<br>Residential<br>Condo:               | If NO, plea   | ase provide a copy   | of a current, 12 Mo   | onth lease, start   | ing   | and endi  | ng          |                  |
| (b)<br>f you<br>nave<br>A 2<br>Family<br>Home: | If YES, do y  If rented, rending If the othe Office) If NOT you may not us  Unit# | you rent the other please provide a concept. r unit is not rented ur primary residence se a VACANT UNIT  | cour Primary Reside Unit? Y N  opy of the current, 2  d, please provide a v  ce, please provide a  CERTIFICATION if t | 12 month or month or month or month or month or month or month of the copy of a current he property is not and ending | re lease, sta ERTIFICATIO ent, 12 mont ot your prim | rting<br>N (available in<br>h or more leas<br>ary residence.) | The Tax Ass | _ and<br>essor's |
| (c)<br>f you<br>nave<br>A 3 Family<br>Home:    | Is this prop If yes, plea Unit # If NOT you Unit #                                | perty in Newport yourse provide a curre starting starting rprimary residences starting starti | ce, please provide a  | ore lease for the and ending and ending copy of a currer  | other 2 Uni   | ease provide L  |             |                  |
|  |   | -  |   |   |   |   |             | APPLICATION      |
|  |   |  |   |   |   |   | CONTINU     | JES ON BACK      |

| Proof of residency provided by submission of:  RI Driver's License RI Issued State Identification Card  If mailing or uploading applications, please provide a copy of your ID. All ID's MUST have the property address, PO box addresses are not acceptable for this program.  4.  a. Have you acquired the property in the last 60 days? N Y  b. Is the property titled in a Revocable or Irrevocable Trust? N Y  (Please provide a copy of your Trust Documents)  c. Is the applicant responsible to pay the property taxes on the property? N Y  d. Have you applied for and/or been granted an owner-occupied residential tax rate, homestead or other personal exemption (such as a Veteran or Senior) for real property located outside the City of Newport, Rhode Island? N Y  If yes, please list the location of the exemption  LANDLORDS ONLY  e. Do you agree that you will continue to rent ALL rental unit(s) to tenants as their principal residence pursuant to a current lease of 12 months or more during the period you are eligible to receive the exemption?  (Please provide a copy of each lease with your application)  5.  THIS APPLICATION MUST BE SIGNED AND NOTARIZED PRIOR TO SUBMISSION  I have read, understand, and initialed the enclosed eligibility requirements to qualify for an owner-occupied residential tax reswear and affirm that the information provide is true and accurate.  Applicant Signature  DO NOT REMOVE THIS SECTION-Assessor's Office Use Only  Do Notary Public  DO NOT REMOVE THIS SECTION-Assessor's Office Use Only  Account #  Property Address | 3. Proof of Residency  |             |                              |
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| Notary Public  DO NOT REMOVE THIS SECTION-Assessor's Office Use Only  Account #  Property Address  | Applicant Signature  |             |                              |
| Notary Public  DO NOT REMOVE THIS SECTION-Assessor's Office Use Only  Account #  Property Address  |  |             |                              |
| DO NOT REMOVE THIS SECTION-Assessor's Office Use Only  Date  Property Address  | Subscribed and sworn to before me thisday of   | 20          |                              |
| Date   | Notary Public  |             |                              |
| Date   |  |             |                              |
| Account #  Property Address  | DO NOT REMOVE THIS SECTION-Assessor's Office Use Only  |             | Date                         |
|  | Account #  |             |                              |
|  | roperty Address  |             |                              |
| Office of the Tay Assessor employee  | Office of the Tax Assessor employee  |             |                              |

## **ELIGIBILITY**

## This application <u>MUST</u> be Notarized prior to submission.

NOTE: You must apply to receive the owner-occupied residential tax rate. Otherwise, the higher residential rate will be applied to your property.

- The application period is **January through March 15**. The application is available in our office or may be downloaded from www.cityofnewport.com
- To receive the owner-occupied residential rate, you must be a Resident of Newport which means you must physically live at the property you are seeking to have the owner-occupied residential rate applied to for more than seven (7) months of the year as your principal residence. The property must also be the place of your domicile.
- Residential properties of three units or less may qualify for the owner-occupied residential rate if the rental units are rented to tenants as their principal residence pursuant to leases of at least one year or longer. You must provide current leases to support eligibility. If you have a lapse in any unit leases, you may be removed from the program, and you are not eligible to reapply until the January following the next Fiscal year. (January-March 2027)
- Rental properties of three units or less with one of the rental units occupied by the Applicant may also qualify if the other units are rented to tenants as their principal residence pursuant to a lease of one year or longer. You must provide leases to support eligibility. Two Family homes may qualify with one vacant unit, if it is their primary dwelling.
- The real property for which the owner-occupied residential rate is claimed must be legally titled in the name of the Applicant, the Trustee of a Revocable or Irrevocable living trust with the Applicant residing at the property and paying the taxes, or in Applicant(s) as life tenants who have an obligation to pay the taxes and the applicant must reside at the subject property.
- The ONLY acceptable proof of residency is a valid Rhode Island Driver's License/ID which must have the principal residence address listed, or as a registered voter on the City of Newport Voter List maintained by the City Canvassing Authority (Voter Registration Card) (You must supply a copy of either item).
- You cannot receive any type of exemption in any other community in Rhode Island or any other state located in the United States, with the exception of certain rental properties that may qualify.
- You may only qualify for the owner-occupied residential tax rate for only one (1) property unless you have certain rental properties that qualify.
- The owner-occupied residential rate attaches to the OWNER(S) of the property and NOT the property itself.
- The Tax Assessor may continue to review the right of a taxpayer to the owner-occupied residential rate, and for such purpose she may require the filing of a new application or the submission of such proof as she shall deem necessary to determine continued eligibility.
- To qualify for this program, you may not rent more than 2 bedrooms within your primary dwelling unit short term, regardless of what is permitted under Newport's Zoning Code.
- Vacant units are not permitted in this program, with the single exception of a two-family property that is your primary residence and the other unit is utilized by a family member.
- <u>Active-Duty Military members</u> are required to submit their orders to Newport, RI if they do not have a Rhode Island license with the address listed on the application. The orders must be current and must be longer that 7 months. You will be required to update with new orders when those end or submit a lease for 12 months or longer.
- Any applicant providing false, fraudulent or misleading information or who otherwise makes any material misrepresentation as to their eligibility or qualifications for the owner-occupied residential rate may be subject to immediate revocation of the application of the owner-occupied residential rate to their property and the nonowner-occupied rate will be applied along with a recalculation of the nonowner-occupied residential rate for the period in question and in addition, charge the taxpayer the maximum interest and penalties. You are also guilty of a violation and may be subjected to prosecution.

| <ul> <li>LLC's cannot establish seasonally is not allowed</li> </ul>                        | residency, but may qualify by having an existing 12-month lease. Subletting the propert   |
|---|---|
| <ul> <li>An owner-occupied re</li> <li>The conveyan submit an app date of the co</li> </ul> | sidential rate granted shall terminate and a new bill calculated upon: ce of the subject property; provided however, if the new owner(s) of the property lication and qualify for an owner-occupied residential rate within thirty (30) days of the proveyance, the rate shall continue through the end of the tax year, provided the prior ed for the exemption. If not, the new owner may apply January 1 through March 15 or |
| taxpayer holds  | the taxpayer jointly occupying the subject property; provided however, that if the san ownership interest in the property as of the date of assessment for the year of the sequently passes away the rate shall continue through the end of the year.   |
| Short term rer  | ntals exceed the 2-bedroom maximum within the owner-occupied unit.  |
| <ul><li>The subject pr</li></ul>  | operty ceases to be owner-occupied for a full year.   |
|   | esult in the expiration of the exemption at the end of the Fiscal year. No additional bilou are not eligible to apply again until <b>January 2027</b> .   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Applicant's Signature   | Date  |

Please sign above, indicating that you have read and understand the Eligibility requirements and you acknowledge that it is your responsibility to notify this office if you no longer qualify for the exemption.