

APPLICATION for SENIOR PROPERTY TAX EXEMPTION CLAIM

WHO IS ELIGIBLE: Residents of the City of Newport age 65 and older, who have lived in their homes for a minimum of five (5) years, with gross income levels at or below: **SINGLE: \$51,900; MARRIED: \$59,280.**

WHEN TO APPLY: This form must be received in the Tax Assessor’s office by **March 15, 2024** to qualify for the exemption on the tax bill you will receive in July 2024. Please keep this deadline in mind, especially if you are mailing this application to us. You may have a trusted family member/friend/advisor prepare this document for you; please inform them about this application and its deadline date.

HOW TO APPLY: Complete all sections of this application fully, including your prior year’s tax return or Verification of non-filing. Use **postal mail** or **hand deliver** (no fax/email) this form to: **TAX ASSESSOR’S OFFICE, 43 BROADWAY, NEWPORT, RI 02840.**

This document must be filled out in its entirety. If not, it may be returned to you for completion.

ACCOUNT NUMBER:	PLAT/LOT:	
PROPERTY ADDRESS:	NEWPORT	RI 02840
CLAIMANT:	BIRTHDATE (MM/DD/YYYY):	SS#: - -
CLAIMANT (if applicable):	BIRTHDATE (MM/DD/YYYY):	SS#: - -

This application must be accompanied by a copy of your RI Driver’s License or Rhode Island State ID to verify birthdate and residence – do not send originals.

Exemption applications are deemed complete when all information is provided. No applications will be processed without a copy of your 2023 tax return (filed for prior year 12/31/2022,) or Verification of Nonfiling from the IRS

APPLICANT AFFIDAVIT:

*I understand that the exemption is applied to my primary residence. If the property is **transferred, sold, if I no longer reside in the home, or if the property becomes commercial**, the exemption will be terminated and a prorated bill will be sent to the listed owner effective as of the date of the change. This prorated amount will not apply to a surviving spouse who otherwise qualifies for the exemption, nor will apply for life tenancy in the property. **Irrevocable Trusts and Owner Occupied/Split tax rates properties are not eligible for this exemption.** By signing below, I am acknowledging that I have read and understood the above statements, and I agree to be bound by the terms of receiving the exemption. I certify the information presented to be accurate and true.*

Signature _____ Date _____

Signature _____ Date _____

Signature of preparer (if applicable) _____ Date _____

ASSESSOR’S USE ONLY	
GRANTED _____	
DENIED _____	(If denied, the property owner will be notified via U.S. Postal Service)
Assessment \$ _____	
Tax Amount \$ _____	
Exemption \$ _____	

Please fully complete the income worksheet on the next page. Incomplete or applications without accompanying documents will be returned to you.

- This application must be filled out **in its entirety**. If not, it may be returned for completion.
- If an item doesn't apply, please enter **N/A**.
- Enter the **annual** amount only, not weekly or monthly.

INCOME WORKSHEET

1. SOCIAL SECURITY - INCLUDING MEDICARE PREMIUMS AND RAILROAD RETIREMENT BENEFITS	\$ _____ PER YEAR
2. UNEMPLOYMENT BENEFITS/WORKERS COMPENSATION	\$ _____ PER YEAR
3. WAGES, SALARIES, TIPS, ETC	\$ _____ PER YEAR
4. BANK ACCOUNT INTEREST	\$ _____ PER YEAR
5. BUSINESS INCOME	\$ _____ PER YEAR
6. PENSION AND ANNUITY INCOME (TAXABLE & NONTAXABLE)	\$ _____ PER YEAR
7. RENTAL INCOME, FROM THIS OR ANY OTHER PROPERTY OWNED	\$ _____ PER YEAR
8. PARTNERSHIP, ESTATE, TRUST INCOME	\$ _____ PER YEAR
9. TOTAL GAIN ON SALE OR EXCHANGE OF PROPERTY	\$ _____ PER YEAR
10. CASH PUBLIC ASSISTANCE (WELFARE)	\$ _____ PER YEAR
11. ALIMONY AND SUPPORT MONEY	\$ _____ PER YEAR
12. NONTAXABLE MILITARY/VETERAN COMPENSATION AND CASH BENEFITS	\$ _____ PER YEAR
13. ALL OTHER INCOME (PLEASE SPECIFY) _____	\$ _____ PER YEAR
TOTAL HOUSEHOLD INCOME FOR THE YEAR per the 2023 Tax Return	\$ _____ PER YEAR

(If the total of lines 1-13 is over the maximum income but you are otherwise eligible for this exemption, you should file this form anyway. The Tax Assessor will make the final decision).

- I am 65 or older as of December 31, 2023.
- My **GROSS** income does not exceed the income guidelines (\$51,900 single, \$59,280 married).
- I have owned and held title continuously for the past five (5) years.
- I am a full-time resident of the City of Newport, and have been for 5 years or more.
- I do not receive any type of exemption in any other community/State.
- This dwelling is used solely as a residence.
- I have included a copy of my drivers license or State issued ID.
- I have submitted **my prior year's (2023) tax return** (Filed Copy FOR 12/31/22) or **Verification of Non-filing from the he IRS.**

Please use the bottom portion of this page for additional information for the Tax Assessor's consideration.
