

**TOWN OF WARREN RI
OFFICE OF THE ASSESSOR**

ELDERLY EXEMPTION APPLICATION

APPLY TO TAX YEAR _____ FOR REAL ESTATE

**EXEMPTION FOR PERSONS 65 YEARS OF AGE OR OVER
ORDINANCE ENACTED BY TOWN COUNCIL OF WARREN 9-21-64**

NAME: _____

ADDRESS: _____

PHONE #: _____

SPOUSE: _____

Spouse DOB: _____

ACCOUNT NO: _____ **PLAT** _____

LOT _____

Are you a legal resident of Warren? _____

How long have you lived at your current address? _____

Are you registered to vote in Warren? _____

Are you receiving any other exemptions elsewhere: _____

Date of Birth: _____ **Age:** _____

Proof of Age Submitted: _____

I, the above named applicant certify that I am an occupant of the above premises and all the foregoing information is true and correct to the best of my knowledge and belief.

SIGNATURE: _____ **DATE** _____

**State of Rhode Island
County of Bristol**

Subscribed and sworn to before me this _____ day of _____, 20

_____ **TITLE:** _____ **DATE:** _____