

SENIOR EXEMPTION APPLICATION

**TOWN OF NEW SHOREHAM
PO BOX 220
BLOCK ISLAND, RHODE ISLAND 02807**

Qualifications:

- A. Applicant is 65 years of age or older.**
- B. Applicant is full or partial owner of the residential premises you occupy.**
- C. Applicant has owned and occupied property in New Shoreham for 5 years.**
- D. Applicant’s gross household income does not exceed \$40,000.**
- E. Applicant is legally domiciled a minimum of 10 months of each year in the Town of New Shoreham.**

**Attention: You must file an application with the Board of Tax Assessors every year
No later than December 31.**

NAME OF APPLICANT: _____

ADDRESS: _____

SSN: _____ **DATE OF BIRTH:** _____

NAME OF SPOUSE: _____ **SSN:** _____

Enter all income received by you and/or your spouse during the year

Wages	\$ _____
Dividends or interest	\$ _____
Social Security	\$ _____
Pensions	\$ _____
Business Income	\$ _____
Capital Gains	\$ _____
Gifts, Inheritances	\$ _____
Rents, Royalties	\$ _____
Aid from Family	\$ _____
Other	\$ _____

TOTAL INCOME: \$ _____

AFFIDAVIT:

I the applicant, being duly sworn, deposes and says that all statements are true and complete and claims an abatement under the applicable provisions of the laws of the State of Rhode Island and the ordinances of the Town of New Shoreham.

Applicant Signature _____ **Date** _____

Spouse Signature _____ **Date** _____

Signature of Preparer if other then Applicant _____ **Date** _____

Notary Public