

OFFICE OF TOWN ASSESSOR, TOWN OF WESTERLY, RHODE ISLAND
2026 APPLICATION OF SENIOR CITIZEN PROPERTY EXEMPTION

Instructions:

- You must submit an application every year to receive this tax exemption.
- The deadline to file this form is April 30th of the year for which you are requesting the exemption.
- To be eligible for this tax exemption:
 - *Applicant must be 65 years or older
 - *You must be the owner and occupant of a residential property in Westerly for a period of five years.
 - *Due to a change in the ordinance, Westerly must be your primary and ONLY residence.
This exemption is not available to owners of multiple properties.
 - *Your annual gross household income can be no higher than the limit in §229-2 of the Westerly Code of Ordinances. The income limit is subject to change each year.
- You must complete the Statement of Annual Household Income on page 2 of this form.
- You must submit a copy of your federal income tax return for last year if you file one AND the year-end income statements used to process your return. Also include non-taxable income statements.
- Town Assessor has the right to ask you to submit additional documentation of income or proof of residency.

1. Name: _____ D/O/B _____
2. Marital Status: _____ Name of Spouse if married: _____
3. Spouse's D/O/B: _____
4. Residence Address: _____
5. How long a resident at above address: _____
6. Previous Address: _____
7. Do you file a federal income tax return? _____ Last year filed: _____
8. Number of persons residing at residence: _____ Phone No. _____
9. Name(s) and Age(s) of person(s) living with you other than your spouse: _____

10. Do you reside at above address for 12 months each year? _____
11. Do you own any other property in Westerly or any other state? _____
12. Are you a legal resident of Westerly? _____
13. Are you a registered voter in Westerly? _____
14. Have you previously been granted this exemption? _____
 - If Yes, when? _____

CONFIDENTIAL STATEMENT OF ANNUAL INCOME

HOUSEHOLD INCOME: (If married, include income of spouse or the income of any other co-tenants or joint tenants living in residence, including family members.)

Wages, salaries, tips, Etc. _____

Dividends & Interest: (combined cannot exceed \$11,000) _____

Social Security Benefits FICA less Medicare expense _____

Retirement (Pensions, IRA 's and /or Annuities) _____

Capital Gains _____

Net Rental Income _____

Family Assistance, Gifts and / or Inheritances _____

Assistance from other sources _____

Net Business Income _____

Other- Explain _____

APPLICATION WILL NOT BE ACCEPTED WITHOUT PROOF OF ALL FORMS OF INCOME LISTED ABOVE. IF TAXES WERE FILED, A COPY OF THE FEDERAL INCOME TAX RETURN AND ALL SUPPORTING DOCUMENTS MUST ACCOMPANY THIS FORM.

I the undersigned _____, do hereby swear or affirm that this application and all the information are true, correct, and complete to the best of my knowledge and belief. Verification may be obtained from any source herein with full permission of said applicant.

DATE

PROPERTY OWNER SIGNATURE

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

Notary Public

***IF PREVIOUSLY GRANTED THIS EXEMPTION, NOTARIZATION NOT REQUIRED.**

<p>DO NOT USE: Book: _____ Page _____ Rec. Date _____</p> <p>How property is owned: _____ Life estate? _____</p>
