

**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 they occupy.
- C. Applicant has owned and occupied property in New Shoreham for 5 years.
- D. Applicant's gross household income does not exceed \$55,000.
- E. Applicant is legally domiciled in the Town of New Shoreham 12 months of each year.

**ATTENTION: A Senior Exemption Application must be filed with the Board of Tax Assessors every year, no later than December 1<sup>st</sup>.**

**PROPERTY ADDRESS:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**NAME OF SPOUSE:** \_\_\_\_\_

**ANNUAL GROSS HOUSEHOLD INCOME:** \$ \_\_\_\_\_

Identified as Adjusted Gross Income on your annual tax return(s)

**SUPPORTING DOCUMENTATION:**

Applicant must attach the page reflecting **Adjusted Gross Income (AGI) from most recent tax return**. If taxes were filed separately, spouse's return should also be included. There is no need to include the entire tax return, **only the page that reflects Adjusted Gross Income**. PLEASE REDACT ANY SOCIAL SECURITY NUMBERS.

Anyone falsifying the amount of income or violating any part of this document shall lose this benefit. The property will be returned to nonabated status, and the owner will be responsible retroactively to the date of filing with 18% interest annually.

**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 than Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notary Public:**