

ALLAN W. FUNG  
MAYOR



MARK D. CAPUANO  
CITY ASSESSOR

DAVID COLE  
DEPUTY ASSESSOR

DEPARTMENT OF FINANCE

DIVISION OF ASSESSMENT

869 PARK AVE

CRANSTON, RI 02910

Please complete the included form to apply for a property exemption and return:

**BY MAIL:**

Cranston City Hall

Attn: Brianna

869 Park Ave

Cranston, RI 02910

**OR**

**BY EMAIL:**

[bsmith@cranstonri.org](mailto:bsmith@cranstonri.org)

**BY FAX:**

401.780.3166

If you have any questions, please contact the Tax Assessor's office at 401.780.3181

App for: \_\_\_\_\_

OFFICE OF THE CITY ASSESSOR \* CRANSTON, RHODE ISLAND  
APPLICATION FOR EXEMPTION  
FOR CRANSTON RESIDENTS  
401.780.3181

Please fill out to the best of your knowledge and ability. To qualify for the exemption, your home must be owner-occupied and you must be on the title if the exemption is for real estate. If you own a vehicle, it must be registered to your Cranston home. Your exemption is applied to either real estate OR motor vehicle, not both.

**First Name:** \_\_\_\_\_ **(M.I.):** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **(Suffix):** \_\_\_\_\_

**Residence Address: #:** \_\_\_\_\_ **Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birth day:** (month) \_\_\_\_\_ / (day) \_\_\_\_\_ / (year) \_\_\_\_\_

**License: #:** \_\_\_\_\_ **State issued:** \_\_\_\_\_

**Marital Status:** Single \_\_\_\_\_ Divorced \_\_\_\_\_

**Married Living with Spouse** \_\_\_\_\_ **Spouse's name:** \_\_\_\_\_

**Spouse's Age:** \_\_\_\_\_ **Spouse's birthday:** (month) \_\_\_\_\_ / (day) \_\_\_\_\_ / (year) \_\_\_\_\_

*If spouse is also age 65 or over, their signature can be included at the end of this form.*

**Widowed** \_\_\_\_\_ **If widow of vet, spouse's name:** \_\_\_\_\_

**If widow of vet, please include a copy of DD214.** *\*If you need a copy of a DD214, one can be requested from the VA.*

**Do you own a motor vehicle?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**If yes:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Plate: \_\_\_\_\_

**If no, initial here:** \_\_\_\_\_ I/WE ATTEST, I/WE DO NOT OWN ANY VEHICLE(S).

**Do you own any other property anywhere else?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If yes, please list any and all on back of this page.*

**If no, initial here:** \_\_\_\_\_ I/WE ATTEST, I/WE DO NOT OWN ANY ADDITIONAL PROPERTIES.

**Are you a veteran?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If yes, please include a copy of your DD214. \*If you need a copy of your DD214, one can be requested from the VA.*

**Please select from the following conflicts:** WWI \_\_\_\_\_ WWII \_\_\_\_\_ Korea \_\_\_\_\_ Vietnam \_\_\_\_\_  
Desert Storm \_\_\_\_\_ Active Duty \_\_\_\_\_ Other: \_\_\_\_\_

**Are you considered to be totally and permanently disabled due solely to your service-connected disabilities?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If yes, please include a copy of your letter from the VA stating that your combined service-connected evaluation is 100%.*

OR

**Are UNDER 65 and receiving social security benefits?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If yes, please include a copy of your Social Security Award Letter (\*not your annual pay stub summary).*

**Are you legally blind?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If yes, please include a copy of a letter from your ophthalmologist.*

**I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREON, INCLUDING ANY ATTACHMENTS, IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND ABILITY.**

**DATED:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**SIGNED:** \_\_\_\_\_

*Signature of Applicant / POA*

**If applicable:**

**DATED:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**SIGNED:** \_\_\_\_\_

*Signature of Spouse*