

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: _____ **Birthday:** (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