

**OFFICE OF TAX ASSESSOR  
TOWN OF JAMESTOWN  
APPLICATION FOR ELDERLY EXEMPTION  
(Answers must be typewritten or printed in ink)  
APPLICATION DEADLINE – MARCH 15th**

Date: \_\_\_\_\_ Phone Number \_\_\_\_\_

1. Name \_\_\_\_\_

2. Residence Address \_\_\_\_\_

3. When did you acquire above property? \_\_\_\_\_

4. Are you a legal resident of Jamestown? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you registered to vote? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Location of property: \_\_\_\_\_

6. Age \_\_\_\_\_ Birth date \_\_\_\_\_ Place of birth \_\_\_\_\_  
(Please submit proof of age)

7. Do you reside at the above address for 12 months each year? \_\_\_\_\_  
If not, please explain \_\_\_\_\_

8. Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_  
If married, name of spouse \_\_\_\_\_ Spouse's Age \_\_\_\_\_

9. Names of any other persons or tenants who occupy said property \_\_\_\_\_  
\_\_\_\_\_

I, THE UNDERSIGNED \_\_\_\_\_, do hereby swear or affirm that the above information is true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

SIGNED \_\_\_\_\_  
Tax Assessor or Notary Public

(turn over for income statement)

**OFFICE OF TAX ASSESSOR  
JAMESTOWN, RI**

**Confidential Statement of Previous Year's Income  
Submit before March 15th  
(Answers must be printed in ink)**

**Provide copies of Social Security & Pension Statements,  
Interest Statements, W-2 Forms and Federal Tax Return(s)  
(Social Security numbers may be blacked out for added security.)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Residence address \_\_\_\_\_

Married \_\_\_ Single \_\_\_ Phone # \_\_\_\_\_ Age \_\_\_\_\_

Name of Spouse if married \_\_\_\_\_

**Income: (If married, include spouse's income. Also include the income of all other members of the household).**

a. Wages, salaries, tips, etc. .... \$ \_\_\_\_\_

Employer's Name \_\_\_\_\_

b. Dividends..... \$ \_\_\_\_\_

c. Interest..... \$ \_\_\_\_\_

d. Social Security..... \$ \_\_\_\_\_

e. Pensions, annuities & retirement..... \$ \_\_\_\_\_

f. Business income..... \$ \_\_\_\_\_

g. Rents or royalties..... \$ \_\_\_\_\_

h. Farm income..... \$ \_\_\_\_\_

i. Other (explain) \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

j. Total income of other members of household..... \$ \_\_\_\_\_

**TOTAL INCOME..... \$ \_\_\_\_\_**

**I, the undersigned, \_\_\_\_\_, do hereby swear or affirm that the income information listed in this application is true, correct, and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Tax Assessor      Date

**(turn over for application)**