

TOWN OF WEST WARWICK
APPLICATION FOR ELDERLY EXEMPTION
RESIDENTIAL REAL ESTATE—65 YEARS OR OLDER

NAME: _____ BIRTHDATE: _____ AGE: _____

ADDRESS: _____ PLACE OF BIRTH _____

PHONE # : _____

PROOF OF AGE ATTACHED: _____

NOTE; EXEMPTION APPLIES ONLY TO THOSE LEGAL RESIDENTS OWNING
REAL ESTATE

The Property on which Exemption is Requested is Owned:

- A. Solely by me: _____
- B. Jointly with: _____ DOB _____

**I hereby swear under penalty of perjury that I actually reside at the above address,
and that all the foregoing information is true and correct.**

Date _____

Signature of Applicant

ASSESSOR'S OFFICE USE

Plat _____ Lot _____ Year Start _____

Approved _____ Date _____