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_______________________