

**City of East Providence**  
**FINANCE DEPARTMENT - ASSESSOR'S OFFICE**  
**CITY HALL**  
**145 TAUNTON AVENUE**  
**EAST PROVIDENCE, RHODE ISLAND 02914-4505**  
**PHONE (401) 435-7574 --- FAX (401) 435-1915**  
*Hours: 8:00 am till 4:00 pm Monday thru Friday*

Assessor's Use Only

Date Mailed: \_\_\_\_\_

Account #: \_\_\_\_\_

Map: \_\_\_\_\_ Block: \_\_\_\_\_ Prcl: \_\_\_\_\_

**HOMESTEAD EXEMPTION APPLICATION (13% REDUCTION ON ASSESSED VALUATION)**  
**THE HOMESTEAD EXEMPTION IS NOT AUTOMATIC. BOTH SIDES OF THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY AND RETURNED TO THE EAST PROVIDENCE ASSESSOR'S OFFICE PRIOR TO MARCH 15TH. HOWEVER TO QUALIFY THIS PROPERTY MUST HAVE BEEN YOUR PRIMARY RESIDENCE BY DECEMBER 31ST.**

**APPLICATION INFORMATION**

Applicant's Name: \_\_\_\_\_ Co-Applicant's Name: \_\_\_\_\_

Legal Address: \_\_\_\_\_ Legal Address: \_\_\_\_\_

Do you intend to make this property your permanent place of residence? Yes No

If YES, as of what date? \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_

RI Driver's License #: \_\_\_\_\_ RI Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

License Plate(s) #: \_\_\_\_\_ License Plate(s) #: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_

Are you a registered voter in East Providence?

Are you a registered voter in East Providence?

NO: \_\_\_\_\_ YES: \_\_\_\_\_

NO: \_\_\_\_\_ YES: \_\_\_\_\_

Do you own real estate in any other city/town (including East Providence) or **any other state**?

Do you own real estate in any other city/town (including East Providence) or **any other state**?

NO: \_\_\_\_\_ YES: \_\_\_\_\_

NO: \_\_\_\_\_ YES: \_\_\_\_\_

If **yes**: State: \_\_\_\_\_

If **yes**: State: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Do you receive any exemption(s) in any other city/town (including East Providence) or **any other state**?

Do you receive any exemption(s) in any other city/town (including East Providence) or **any other state**?

NO: \_\_\_\_\_ YES: \_\_\_\_\_

NO: \_\_\_\_\_ YES: \_\_\_\_\_

If **yes**, where and what exemption(s):

If **yes**, where and what exemption(s):

**OWNERSHIP INFORMATION**

Date Purchased: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

**Did your purchase involve any of the following conditions?**

Was the sale between family members, or a partial interest in the property? NO: \_\_\_\_\_ YES: \_\_\_\_\_

Is your property subject to deed restrictions or easements? NO: \_\_\_\_\_ YES: \_\_\_\_\_

**Dwelling Information (please answer all questions)**

1. Dwelling Type: \_\_\_\_\_ 1-Family \_\_\_\_\_ 2-Family \_\_\_\_\_ 3-Family \_\_\_\_\_ 4-Family

\_\_\_\_\_ Condo \_\_\_\_\_ Res & Comm \_\_\_\_\_ Other \_\_\_\_\_

2. Basement: \_\_\_\_\_ Full \_\_\_\_\_ 3/4 \_\_\_\_\_ 1/2 \_\_\_\_\_ 1/4

\_\_\_\_\_ Slab \_\_\_\_\_ Crawl Space

3. Finished Basement: No Yes (if yes, approximate percentage finished)

4. Attic:	_____ Unfinished _____ 1/4 Finished _____ 1/2 Finished _____ 3/4 Finished
	_____ Fully Finished _____ Scuttle Entry Only _____ Dropstair Entry Only
5. Is Attic Heated?	_____ No _____ Yes
6. Fireplace(s):	_____ None _____ One _____ Two _____ Three
7. Bedrooms	_____ One _____ Two _____ Three _____ Four
8. Full Bathroom(s):	_____ One _____ Two _____ Three _____ Four
9. Half Bathroom(s):	_____ None _____ One _____ Two _____ Three
10. Kitchen(s)	_____ One _____ Two _____ Three _____ Four
11. Flooring:	_____ Hardwood _____ Carpet _____ Vinyl _____ Quarry Tile
	_____ Pine/Soft Wd _____ Slate _____ Marble _____ Other
12. Heating Type:	_____ Forced Water _____ Forced Air _____ Steam _____ Electric
	_____ Gas on Gas _____ Floor Furnace _____ No Heating _____ Solar
13. # of Heating Systems:	_____ One _____ Two _____ Three _____ None
14. Central Air Cond.:	_____ No _____ Yes _____ Partial (explain _____)
15. Condition of House:	_____ Good _____ Average _____ Fair _____ Poor
16. Style of House:	_____ Ranch _____ Raised Ranch _____ Cape _____ Colonial
	_____ Cottage _____ Conventional _____ Bungalow _____ Other
17. Year Built:	_____
18. Garage(s):	_____ No Garage _____ 1-Car _____ 2-Car _____ 3-Car
19. Garage Type:	_____ Attached _____ Detached _____ Basement _____ Other
20. Height of House:	_____ 1-Story _____ 1 1/2 Stories _____ 1 3/4 Stories _____ 2 Stories

	<u>Size</u>	<u>Approximate Year Built</u>
21. Other Items:	Above Ground Pool: _____	_____
	In-Ground Pool: _____	_____
	Enclosed Porch: _____	_____
	Open Porch: _____	_____
	Wood Deck: _____	_____
	Patio: _____	_____
	Shed: _____	_____
	Other: _____	_____

22. Was there any major remodeling or repairs to the house prior to, or after the sale? NO: \_\_\_\_\_ YES: \_\_\_\_\_  
 If **yes**, please describe the extent of the remodeling or repairs. \_\_\_\_\_

23. At the time of the sale, was there any portion of the house unfinished? NO: \_\_\_\_\_ YES: \_\_\_\_\_  
 If **yes**, please describe what section was unfinished. \_\_\_\_\_

**TAXPAYER'S STATEMENT**

I/we certify that I/we am/are a **FULL-TIME, LEGAL RESIDENT OF THE CITY OF EAST PROVIDENCE AND AM THE OWNER/OCCUPANT OF THE ABOVE REFERENCED PROPERTY ON OR BEFORE DECEMBER 31ST.**

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

Date Signed: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**TO QUALIFY FOR THE HOMESTEAD EXEMPTION, THIS FORM MUST BE COMPLETED AND RETURNED TO THE EAST PROVIDENCE CITY HALL (ASSESSOR'S OFFICE) PRIOR TO MARCH 15TH.**