

SENIOR EXEMPTION APPLICATION

CITY OF NEWPORT, RHODE ISLAND
FORM 880
PROPERTY TAX EXEMPTION CLAIM
TO BE FILED BEFORE JAN. 31, 2008

Chapter 880, City Code "...it is the express purpose of this chapter to confine such exemptions to residential property exclusively used as such by the owners thereof..."

FIRST NAME(S) AND INITIAL(S) OF CLAIMANT AND SPOUSE LAST NAME CLAIMANT SSN

STREET ADDRESS SPOUSE SSN

CITY, TOWN, POST OFFICE STATE ZIP CODE

PLEASE ANSWER THE FOLLOWING QUESTIONS. IF YOU ANSWER "NO" TO ANY OF THESE QUESTIONS YOU ARE NOT ELIGIBLE FOR THIS EXEMPTION.

- A. Is the claimant age 65 or over as of December 31 2007 Yes No
B. Does the claimant live in the dwelling house at the above address Yes No
C. Does the claimant now own this dwelling house Yes No
D. Has the claimant owned and had title to this dwelling for a period of five years ending with Dec 31 Yes No
E. Has the claimant been a resident of Newport for a period of five years ending with Dec 31 Yes No
F. Does the claimant certify that no income of any kind is received from this dwelling Yes No
G. Does the claimant certify that no professional office is maintained in this dwelling Yes No
H. Does the claimant certify that this dwelling is used solely as a residence Yes No
I. If a one person household was your total household income \$27,100 or less (see reverse side) Yes No
J. If a two or more household was your total household income \$30,900 or less (see reverse side). Yes No

ENTER ALL INCOME RECEIVED BY YOU AND/OR YOUR SPOUSE DURING THE YEAR

- A. Social Security including Medicare premiums and Railroad Retirement Benefits \$ A
B. Unemployment benefits, workmen's compensation B
C. Wages, salaries, tips, etc. C
D. Dividends and interest (taxable and nontaxable) D
E. Business and farm income (net of expenses) E
F. Pension and annuity income (taxable and nontaxable) F
G. Rental income (net of expenses) G
H. Partnership, estate and trust income H
I. Total gain on sale or exchange of property I
J. Loss on sale or exchange of property (capital losses are limited to \$3,000) J
K. Cash public assistance (welfare, etc.) K
L. Alimony and support money L
M. Nontaxable military compensation and cash benefits M
N. Other nontaxable income, specify N

TOTAL HOUSEHOLD INCOME FOR THE YEAR 2--- LINES A-N \$

I HEREBY CERTIFY THAT ALL STATEMENTS ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Claimant Signature Date

Spouse Signature Date

Signature of Preparer if other than claimant Date

Preparer Address

