

## APPLICATION for SENIOR/VARIABLE PROPERTY TAX EXEMPTION CLAIM

**WHO IS ELIGIBLE:** Residents of the City of Newport age 65 and older, who have lived in their homes for a minimum of five (5) years, with gross income levels at or below: **SINGLE: \$72,950 ; MARRIED: \$83,400.**

**WHEN TO APPLY:** This form must be received in the Tax Assessor’s office by **March 15, 2026** to qualify for the exemption on the tax bill you will receive in July 2026. Please keep this deadline in mind, especially if you are mailing this application to us. You may have a trusted family member/friend/advisor prepare this document for you; please inform them about this application and its deadline date.

**HOW TO APPLY:** Complete all sections of this application fully, including your prior year’s tax return or an official Transcript from the IRS. Use **postal mail or hand deliver** (no fax/email) this form to: **TAX ASSESSOR’S OFFICE, 43 BROADWAY, NEWPORT, RI 02840.** **If Mailing please use a service you can track. We are not responsible for lost/late mail.**

*This document must be filled out in its entirety. If not, it may be returned to you for completion.*

ACCOUNT NUMBER:	PLAT/LOT:	
PROPERTY ADDRESS:	<b>Newport RI</b>	
CLAIMANT:	BIRTHDATE (MM/DD/YYYY):	SS#: - -
CLAIMANT (if applicable):	BIRTHDATE (MM/DD/YYYY):	SS#: - -

*This application must be accompanied by a copy of your RI Driver’s License or Rhode Island State ID to verify birthdate and residence – do not send originals.*

**Exemption applications are deemed complete when all information is provided. No applications will be processed without a copy of your 2025 tax return (filed in 2025 for prior year 12/31/2024,) or Transcript from the IRS.**

**APPLICANT AFFIDAVIT:**

*I understand that the exemption is applied to my primary residence. If the property is **transferred, sold, if I no longer reside in the home, or if the property becomes commercial**, the exemption will be terminated and a prorated bill will be sent to the listed owner effective as of the date of the change. This prorated amount will not apply to a surviving spouse who otherwise qualifies for the exemption, nor will apply for life tenancy in the property. By signing below, I am acknowledging that I have read and understood the above statements, and I agree to be bound by the terms of receiving the exemption.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of preparer (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

<b>ASSESSOR’S USE ONLY</b>
GRANTED _____
DENIED _____ <small>(If denied, the property owner will be notified via U.S. Postal Service)</small>
Assessment \$ _____
Tax Amount \$ _____
Exemption \$ _____

**Please fully complete the income worksheet on the next page.**

- This application must be filled out **in its entirety**. If not, it may be returned for completion.
- If an item doesn't apply, please enter **N/A**.
- Enter the **annual** amount only, not weekly or monthly.

**INCOME WORKSHEET**

1. SOCIAL SECURITY - INCLUDING MEDICARE PREMIUMS AND RAILROAD RETIREMENT BENEFITS	\$ _____ PER YEAR
2. UNEMPLOYMENT BENEFITS/WORKERS COMPENSATION	\$ _____ PER YEAR
3. WAGES, SALARIES, TIPS, ETC	\$ _____ PER YEAR
4. BANK ACCOUNT INTEREST	\$ _____ PER YEAR
5. BUSINESS INCOME	\$ _____ PER YEAR
6. PENSION AND ANNUITY INCOME ( <b>TAXABLE &amp; NONTAXABLE</b> )	\$ _____ PER YEAR
7. RENTAL INCOME, FROM THIS OR ANY OTHER PROPERTY OWNED	\$ _____ PER YEAR
8. PARTNERSHIP, ESTATE, TRUST INCOME	\$ _____ PER YEAR
9. <b>TOTAL GAIN</b> ON SALE OR EXCHANGE OF PROPERTY	\$ _____ PER YEAR
10. CASH PUBLIC ASSISTANCE (WELFARE)	\$ _____ PER YEAR
11. ALIMONY AND SUPPORT MONEY	\$ _____ PER YEAR
12. NONTAXABLE MILITARY/VETERAN COMPENSATION AND CASH BENEFITS	\$ _____ PER YEAR
13. ALL OTHER INCOME (PLEASE SPECIFY) _____	\$ _____ PER YEAR
<b>TOTAL HOUSEHOLD INCOME FOR THE YEAR 2025 (ADD LINES 1-13)</b>	<b>\$ _____ PER YEAR</b>

*(If the total of lines 1-13 is over the maximum income but you are otherwise eligible for this exemption, you may file this form anyway. The Tax Assessor will make the final decision).*

- I am 65 or older as of December 31, 2025.
- My GROSS income does not exceed the income guidelines (\$72,950 single, \$83,400 married).
- I have owned and held title continuously for the past five (5) years.
- I am a full-time resident of the City of Newport, and have been for 5 years or more.
- I do not receive any type of exemption in any other community/State.
- This dwelling is used solely as a residence.
- I have submitted my **2025 tax return** (Filed Copy FOR 12/31/24) or a Transcript received from the IRS.

Please use the bottom portion of this page for additional information for the Tax Assessor's consideration.

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