



OFFICE OF THE CITY ASSESSOR
CITY OF WARWICK, RI

Date: _____

APPLICATION FOR CIRCUIT BREAKER CREDIT

Name: _____

Residence Address: _____

Plat _____ Lot _____ Unit _____

When did you acquire the above property? _____

Property Type: Single Family _____ 2 Family _____ Other (does not qualify) _____

Do you operate or conduct any business from this location? Yes _____ No _____

Do you own property in any other town, city or state? Yes _____ No _____

If yes, provide address: _____

Age: _____ Date of Birth: _____ (proof of age must be submitted)

Single: _____ Married: _____ Spouse's name, if applicable: _____

Names of any other tenants or co-tenants who occupy the residence:

Total household income: _____ (please provide documentation)

Are you: 65 or older _____ 100% disabled _____

(If disabled, please provide award letter from Social Security or Veterans Administration)

I, the undersigned _____, do hereby swear or affirm that the above information is true, correct and complete to the best of my knowledge and belief.

Signature of Applicant

Witness / Notary _____