



CHRISTOPHER CELESTE  
TAX ASSESSOR

# City of Warwick

FINANCE DEPARTMENT  
OFFICE OF THE ASSESSOR

CITY HALL ANNEX  
3275 POST ROAD  
WARWICK, RI 02886  
401-738-2000  
TDD 739-9150

## APPLICATION FOR TAX FREEZE

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Residence address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Plat: \_\_\_\_\_ Lot: \_\_\_\_\_ Unit: \_\_\_\_\_

Property Type: Single Family: \_\_\_\_\_ Two Family: \_\_\_\_\_ Condo: \_\_\_\_\_ Other: \_\_\_\_\_

Please list any and all other occupants of the above property:

\_\_\_\_\_

Are you a permanent resident of Warwick? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own property in any other Town, City, or State? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide address: \_\_\_\_\_

If yes, do you receive any exemptions on said property? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently working? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you: 70 or older \_\_\_\_\_ 100% disabled \_\_\_\_\_

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

**Please attach a copy of your license or State Issued photo ID and the completed Income Form**

**I do not have this type of exemption in any other Town, City, or State. I do hereby swear or affirm under penalty of perjury, that the above information is true, correct and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public or Witness

### FOR ASSESSOR USE ONLY

Abatement form \_\_\_\_\_

Entered in MUNIS \_\_\_\_\_

Entered in Database \_\_\_\_\_



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## Confidential Statement of Annual Income

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Property location: \_\_\_\_\_

List all residents of this property, including yourself:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

List income from each resident:

Income Type	Person 1	Person 2	Person 3	Person 4
Wages, salaries, tips, etc.				
Dividends, interest				
Social Security				
Pensions, annuities, IRAs				
Capital gains, gifts, inheritances				
Business income				
Rental income				
Other income				
<b>Total annual income</b>				

**Grand Total Household Income from ALL residents: \$** \_\_\_\_\_

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

Signature: \_\_\_\_\_

Notary / Witness: \_\_\_\_\_

For Assessor Office use only		
CID number:	Parcel ID:	Credit amount:
MUNIS:	Exemption database:	Abatement: