



DIVISION OF ASSESSMENT  
869 Park Ave  
Cranston, RI 02910  
401.780.3181

**APPLICATION FOR FREEZE OF TAX RATE AND VALUATION ON REAL PROPERTY**  
**Deadline for filing is March 15**

For persons 65 years of age or over, or those that are totally disabled, residing in a single or two family owner-occupied dwelling with income from **all sources** less than \$20,000 per year for occupancy of one person or \$23,000 per year for occupancy of more than one person. Financial data for all household income must be reported. This application must be filed each year.

**COPIES OF DOCUMENTATION MUST BE SUBMITTED INCLUDING: SOCIAL SECURITY BENEFIT STATEMENT FORM (SSA-1099) AND ALL OTHER 1099'S, W-2'S, 1040'S, AND INTEREST ON ALL INVESTMENT ACCOUNTS. APPLICATIONS WITHOUT DOCUMENTATION WILL BE DENIED.**

Mail to: City of Cranston, Tax Assessor 869 Park Ave Cranston, RI 02910.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Property type: Single Family: \_\_\_\_\_ Two Family: \_\_\_\_\_ Condo: \_\_\_\_\_ Other: \_\_\_\_\_

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

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

5. Age: \_\_\_\_\_ Birth date \_\_\_\_\_ Telephone number: \_\_\_\_\_

6. Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_

7. List all residents of this property, including both names and dates of birth:

\_\_\_\_\_  
\_\_\_\_\_

*I hereby declare under penalty of perjury that the information herein, including attachments, if any, is true, correct, and complete.*

Signature of applicant: \_\_\_\_\_  
*(If exemption is marital, both spouses must sign)*

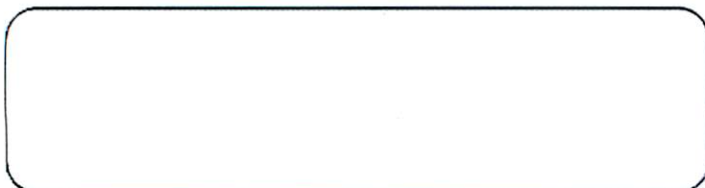
Dated: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

***BELOW FOR ASSESSOR USE ONLY***

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_



\_\_\_\_\_  
*Signature of Assessor's Agent*