



Town of Foster

Est. 1781

Office of Tax Assessor
(401) 392-9202
FAX (401) 392-9201

APPLICATION FOR SENIOR FREEZE AND/OR EXEMPTION OF \$1000.00 ASSESSMENT OF REAL ESTATE FOR PERSONS 65 YEARS OF AGE AND OVER.

(Under chapter 33, Public Laws of 1974: Approved by town meeting March 25, 1974 and Ordinance adopted by Town Council, June 16, 1974).

Name _____ Date of Birth _____
Co-Owner(s) _____
Date(s) of Birth _____
Telephone _____

TAXPAYER'S STATEMENT

I/We certify that I/We am/are **FULL-TIME** resident(s) of Foster and am the owner/occupant of said property. I/We occupied the property of the date of assessment (December 31st.) and there is **NO BUSINESS USE OF THE PROPERTY.**

I HAVE RECEIVED AND READ THE TOWN ORDINANCE ON THE SENIOR AND OR DISABILITY FREEZE.

Taxpayer's Signature _____ Date _____

Taxpayer's Signature _____ Date _____

PLAT _____ LOT _____

ALL OWNERS MUST COMPLETE AND SIGN FORM

TO CONTINUE TO RECEIVE/APPLY FOR YOUR FREEZE AND/OR EXEMPTION, YOU MUST ANSWER ALL THE QUESTIONS ON THE REVERSE OF THIS FORM.

181 Howard Hill Road Foster, R.I. 02825

HOW MANY DAYS DID YOU ACTUALLY LIVE IN YOUR HOME IN FOSTER DURING THE LAST YEAR?_____

You must have physically lived in your home in Foster more than 183 days during the previous year. **If you did not, or if the question is not answered, the freeze will not be granted.**

1.) ARE YOU IN AN EXTENDED CARE FACILITY?_____

If yes, answer the following questions: If no, go to question 2.

a. How long have you been in the facility?_____

b. When do you expect to return to your home?_____

c. Is anyone living in your home while you are not there?_____

*If yes, are you receiving any rent from them?_____

*Is this person a relative?_____

2.) DO YOU OWN ANOTHER HOME OR OCCUPY REAL ESTATE IN ANY OTHER PLACE?_____

If yes, answer the following questions: If no, go to question 3.

a. Where do you reside other than Foster?_____

b. How many months/days last year did you spend there?

c. Where are you registered to vote?_____

d. Where are your vehicles registered?_____

3.) DO YOU HAVE ANY BUSINESS USE ON YOUR PROPERTY, INCLUDING A MAILING ADDRESS?_____

Do you or anyone else operate a business on your property?_____

a. Describe the business._____

b. Do you lease any of your property to another person or company?_____

If yes, please provide their name and address._____

c. How many days/months per year do you operate this business?_____

d. Is ANY part of your home used as office space or for the production and storage of items for sale?_____

e. Do you rent out any rooms in your home?_____

I UNDERSTAND THAT FAILURE TO PROVIDE COMPLETE ANSWERS TO THE ABOVE QUESTIONS MAY RESULT IN DENIAL OF THE SENIOR OR DISABLED TAX FREEZE AND/OR EXEMPTION.

Taxpayer's Signature

Date

Taxpayer's Signature

Date

PLEASE RETURN THIS DOCUMENT BY JANUARY 31, 2008