



CITY OF WOONSOCKET, RHODE ISLAND

Declaration for Woonsocket Homestead Exemption: Qualifications

Qualifications – To qualify, you **must**:

1. Own [An individual or natural person (i.e. non-corporations) holding legal title] your residence (home) as of December 31st.
2. Actually reside (live) in your residence for the period of time you are claiming the Homestead Exemption.
3. File the attached forms with the City no later than January 31, prior to the July issued tax bill.

To file properly, **all owners who qualify** for the exemption **MUST** file by mail or in person with the City Assessor's Office, 169 Main Street, P.O. Box B, Woonsocket, RI 02895, the enclosed declaration for owner-occupied tax and copies of:

Required:

- ☐ Rhode Island Driver's License or a Rhode Island State Identification Card
- ☐ Rhode Island Vehicle Registration

Check one of the following if you have a Rhode Island Drivers License but do not have a Rhode Island Vehicle Registration:

- ☐ Woonsocket Voter Registration Card
- ☐ Current Homeowners Insurance Declaration Page

NOTE: THE CITY ASSESSOR MAY REQUIRE ADDITIONAL INFORMATION, WHICH HE DEEMS NECESSARY TO CARRY OUT THE INTENT OF THE ORDINANCE.

If the taxpayer knowingly gives misinformation as to ownership and/or occupancy of the real estate on his/her application for an owner-occupied tax, the City Assessor may, in such event, remove the owner-occupied tax and recalculate the tax for the period in question and in addition, charge the taxpayer the maximum interest permitted by law.

OUT OF STATE MOTOR VEHICLE REGISTRATIONS ARE NOT ACCEPTED.

Please complete both pages.



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Declaration for Woonsocket Homestead Exemption

To file properly, **all owners who qualify** for the exemption **MUST** file in person or mail to the City Assessor's Office, 169 Main Street, P.O. Box B, Woonsocket, RI 02895, this notarized, 2-page form and appropriate documentation listed on the Qualifications sheet.

To the Woonsocket City Assessor:

This is my ***DECLARATION FOR HOMESTEAD EXEMPTION*** in the City of Woonsocket that I am filing this day.

I hereby declare that I own, reside in and maintain a primary place of abode at:

Number and Street	Apt./Unit #	Phone Number
_____, Rhode Island _____		_____
City	Zip Code	E-mail
_____	_____	_____

Check One:

This is a ☐ Single Family ☐ Two-Family ☐ Three Family

Which place of abode I recognize and intend to maintain as my permanent home and, if I maintain another place or places of abode in some other CITY/TOWN or state, I hereby declare that my above-described residence and abode in the CITY of WOONSOCKET constitutes my predominant and principle home, and I intend to continue it permanently as such. I, at the time of making this declaration, am a bona fide resident of the CITY of WOONSOCKET.

I formerly resided at: (If you previously resided in a different property less than three years ago, please print the address below. If same, print ("SAME")).

Number and Street	Apt./Unit #

City, State and Zip Code	

I understand that I shall furnish proof of residence in accordance with Chapter 7855 Ordinance 15 O 78 of the Ordinances of the City of Woonsocket

By checking ALL of the following boxes, AND signing below, I swear that I:

- ☐ Own [(Am a natural person(s) holding legal title] my residence (home) as of December 31st
- ☐ Actually reside (live) in my residence as of December 31st
- ☐ Am a permanent Woonsocket resident as of December 31st
- ☐ Am clear of Minimum Housing violations as of December 31st



CITY OF WOONSOCKET, RHODE ISLAND

Homestead Exemption Eligibility Form
To be filed with Declaration for Woonsocket Homestead Exemption

Name: _____

Address: _____

1. Please list all your motor vehicles registered in Rhode Island at your homestead address, including in your answer: (1) R.I. license plate number, (2) year, (3) make, (4) model and (5) VIN Number:

Car No.	License Plate	Year	Make	Model	VIN Number
1.					
2.					
3.					
4.					

2. If neither you nor anyone else who resides at your address owns any motor vehicles, please indicate so by marking your initials here: _____

I hereby certify under oath, and subject to the pains and penalties of perjury, that all of the information described on this form is accurate after a reasonable search and to the best of my knowledge.

Signature: _____ Date: _____

State of Rhode Island/City of Woonsocket

Sworn and subscribed before me this ____ day of _____, _____ by the above named, who
[] Is personally known to me or [] has produced the following identification: _____

Notary Public
Commission Expires:

Print, Type or Stamp Commissioned Name
Commission Number