



Chelsea L Romano
Tax Assessor

Town of East Greenwich

OFFICE OF THE ASSESSOR

125 Main Street
East Greenwich, RI 02818
Clerk (401) 886-8601
Assessor (401) 886-8614

2026 Income Credit Exemption Application

Name(s): _____ Date: _____

Address: _____

Map: _____ Plat: _____ Lot: _____ Unit: _____

Account #: _____ Telephone #: _____

REQUIREMENTS:

1. Age 65 or older on date of assessment (12/31/2025). Age limit does not apply to residents who are Totally Disabled, a Disabled Veteran, or Legally Blind.
2. Resident who is a sole occupant with total income of **\$39,900** or less (OR) joint occupant with total income of **\$54,100** or less. Income requirements include salaries, retirement pensions, interest, social security, business earnings, capital gains, rental income etc.
3. Applicants must be a legal resident of East Greenwich and occupy the property owned.

Please attach copies of the following documents to this application:

- a. Federal Income Tax Return (if filed)
- b. Proof of ALL other income within the household. This includes salaries, retirement pensions, interest, social security, business earnings, capital gains, rental income, etc.

INCOME	SELF	JOINT TENANT/SPOUSE
RETIREMENT BENEFITS		
PENSIONS, ANNUITIES		
SOCIAL SECURITY BENEFITS		
DIVIDENDS		
GIFTS, INHERITANCES		
CAPITAL GAINS		
INTEREST		
BUSINESS INCOME		
RENTS, ROYALTIES		
OTHER		
TOTAL		
SUBTOTAL		

Please complete and sign the affidavit which applies to you on the reverse side of this application

AFFIDAVIT I (Tax Return filed)

I do hereby swear or affirm under penalty of perjury that, to the best of my knowledge, I am qualified for the Income Credit for the Aged, Totally Disabled, Veteran Disabled, or Blind in accordance with evidence submitted to the Assessor of the Town of East Greenwich; that with reference to my real estate standing in my name solely, or with: _____. I HAVE filed a tax return as legally required and attached a copy of said return to this application.

Signature

Second Signature (if filing jointly)

On _____, _____ personally appeared before me and made oath that the foregoing account, by him/her signed and exhibited, contains to the best of his/her knowledge and belief, a true and full account of income balances.

Notary Public

Commission Expires: _____

AFFIDAVIT II (no Tax Return filed)

I do hereby swear or affirm under penalty of perjury that, to the best of my knowledge, I am qualified for the Income Credit for the Aged, Totally Disabled, Veteran Disabled, or Blind in accordance with evidence submitted to the Assessor of the Town of East Greenwich; that with reference to my real estate standing in my name solely, or with: _____. My income is as stated forth in the application, and I have **NOT FILED** a tax return, since one is not legally required.

Signature

Second Signature (if filing jointly)

On _____, _____ personally appeared before me and made oath that the foregoing account, by him/her signed and exhibited, contains to the best of his/her knowledge and belief, a true and full account of income balances.

Notary Public

Commission Expires: _____

THIS APPLICATION MUST BE RECEIVED AND/OR POSTMARKED BY MARCH 15, 2026.