

FRANK J. PICOZZI  
MAYOR



NEAL DUPUIS  
TAX ASSESSOR

## City of Warwick

FINANCE DEPARTMENT  
OFFICE OF THE ASSESSOR  
401-738-2005

### CIRCUIT BREAKER INFORMATION FOR TAX YEAR 2023

If you have attained the age of 65 years or are 100% disabled per the Veterans Administration or Social Security as of December 31, 2022, and have a household gross income within the ranges shown below, you may qualify. You must hold title to, and have resided in, the property for which you are applying for the tax credit since December 31, 2017. Credits are applied to real estate only.

| Income Range        | Tax Credit |
|---------------------|------------|
| \$0 - \$18,016      | \$1,000    |
| \$18,017 - \$20,266 | \$900      |
| \$20,267 - \$22,518 | \$800      |
| \$22,519 - \$24,772 | \$700      |
| \$24,773 - \$27,023 | \$600      |

If you qualified for this program in Tax Year 2022 but are slightly over the above income limit of \$27,023, please contact the Assessor's Office for assistance in determining your eligibility.

Gross income under this program includes **ALL income** from **ALL residents in the household** and from **ALL sources**, including but not limited to, social security, pensions of all kinds, annuities, salaries, welfare, realized capital gains, gifts, interest, dividends, etc.

If you meet the income guidelines, please submit the Circuit Breaker application, income form and the following documentation:

1. Proof of income: Please provide documentation of all sources of household income from the previous year. **Income must be provided for ALL residents in the household.** The following documents are required to verify income:
  - IRS form 1040 - Income Tax return
  - 1099 SSA - Social Security
  - 1099-INT - Financial Institutions
  - 1099-R - Pensions, annuities & retirement
2. Proof of age and residency: Please provide a copy of current license or State issued photo ID

The final date for filing is April 15, 2023. If you have any questions or if you need any assistance, please feel free to contact the Assessor's Office at (401) 738-2005 between 8:30 am and 4:30 pm, Monday through Friday.

**Assessor's Office is now located at**

**Physical Location: 65 Centerville Road - Mailing Address: 3275 Post Road, Warwick RI 02886**

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### APPLICATION FOR CIRCUIT BREAKER EXEMPTION

This form must be completed and returned to the Assessor's Office prior to April 15, 2023

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

\_\_\_\_\_ RI Driver's License Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Parcel ID Number: \_\_\_\_\_

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

Since what date have you owned and occupied this property? \_\_\_\_\_ Are you 100% Disabled? \_\_\_\_\_

Please list the names of all people other than you or your spouse that live in the property: \_\_\_\_\_

Are you a permanent resident of the City of Warwick? \_\_\_\_\_

Where are you registered to vote? (Incl. City, State & Zip) \_\_\_\_\_

What address do you use for income tax purposes? (Incl. City, State & Zip) \_\_\_\_\_

Please list all other property that you own outside of the City of Warwick, RI:

| Property Location | City | State | Zip | Exemptions Claimed |
|-------------------|------|-------|-----|--------------------|
|                   |      |       |     |                    |
|                   |      |       |     |                    |
|                   |      |       |     |                    |

I hereby declare under penalty of perjury that all statements on this form are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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

E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Assessor's Staff witness

**Please see Income Form for required  
attachments**

**ASSESSOR USE ONLY:** ENTERED IN MUNIS ☐ ENTERED IN DATABASE ☐ ABATEMENT FORM ☐

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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 / Assessor Staff: \_\_\_\_\_

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

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