

**FRANK J. PICOZZI  
MAYOR**



**NEAL DUPUIS  
TAX ASSESSOR**

## **City of Warwick**

FINANCE DEPARTMENT  
OFFICE OF THE ASSESSOR  
401-738-2005

Dear Taxpayer,

In order to qualify for the Tax Freeze program, the applicant must:

- Reside in the home on a permanent basis
- Qualify as head of household (per IRS Regulations) and submit tax return or other documentation for verification of filing status (even if applicant is not required to file a tax return).
- Provide a copy of the SSA or VA award letter stating that the applicant is 100% disabled as of the prior December 31<sup>st</sup>.
- Provide a RI State issued Driver's License (or Non-Driver's Photo ID issued by RI DMV if applicant doesn't drive)
- If you own more than one property (or if requested by the Assessor), secondary proof of residency must be provided.

Examples of acceptable secondary proof of residency:

1. RI Motor vehicle registration
2. Voter Registration
3. IRS Tax return

If you have any questions, please feel free to contact us at 401-738-2005.

Thank you,

Tax Assessor's Office

**Assessor's Office is now located at**  
**Physical Location: 65 Centerville Road - Mailing Address: 3275 Post Road, Warwick RI 02886**

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### TAX FREEZE APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Residence address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ Plat: \_\_\_\_\_ Lot: \_\_\_\_\_ Unit: \_\_\_\_\_

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

Please list any and all other occupants of the above property:

\_\_\_\_\_

Are you a permanent resident of Warwick? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

If yes, do you receive any exemptions on said property? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently working? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you: 70 or older \_\_\_\_\_ 100% disabled \_\_\_\_\_

(If disabled, please provide award letter from Social Security or Veterans Administration)

**Please attach a copy of your license or State Issued photo ID and the completed Income Form**

**I do not have this type of exemption in any other Town, City, or State. I 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 Public or Assessor's Staff Witness

**FOR ASSESSOR USE ONLY**

Abatement form \_\_\_\_\_

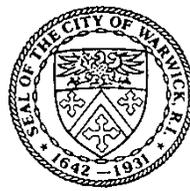
Entered in MUNIS \_\_\_\_\_

Entered in Database \_\_\_\_\_

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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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