



# Town of Foster

Est. 1781

Date Received

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Owners' Names & Address:

**Office of Tax Assessor**  
**(401) 392-9202**  
**FAX (401) 702-5010**

**PLEASE RETURN THIS DOCUMENT  
BY DECEMBER 31, 2016**

**INITIAL 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 of Owner #1 - Please Print \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Owner #2 - Please Print \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Owner #3 - Please Print \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone: \_\_\_\_\_ PLAT \_\_\_\_\_ LOT \_\_\_\_\_

**ALL QUESTIONS NEED TO BE ANSWERED ON REVERSE SIDE & ALL OWNERS MUST SIGN**  
– One signature must be signed in front of a notary (available at Town Hall free of charge!)

**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 on the date of assessment (December 31<sup>st</sup>)  
**and there is NO BUSINESS USE OF THE PROPERTY.**

**Please sign below to verify your receipt of the town ordinance pertaining to the Senior/Disability Tax Freeze and/or Exemption:**

Taxpayer's Signature (#1) \_\_\_\_\_ Date \_\_\_\_\_

Taxpayer's Signature (#2) \_\_\_\_\_ Date \_\_\_\_\_

Taxpayer's Signature (#3) \_\_\_\_\_ Date \_\_\_\_\_

1) 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.

2) How many people live in your home? \_\_\_\_\_

3) Are you in an extended care facility? \_\_\_\_\_

If yes, please answer the following questions: (**If NO go to question 4.**)

- 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? \_\_\_\_\_

4) Do you own another home or occupy real estate in any other place? \_\_\_\_\_

If yes, please answer the following questions: (**If NO go to question 5.**)

- 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? \_\_\_\_\_

5) Do you have any business use on your property, including a mailing address? \_\_\_\_\_

Also, please answer the following questions:

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 & ACCURATE ANSWERS TO THE ABOVE QUESTIONS MAY RESULT IN DENIAL/REMOVAL OF THE SENIOR OR DISABLED TAX FREEZE AND/OR EXEMPTION. (One signature below must be signed in front of a notary.)**

\_\_\_\_\_  
Taxpayer's Signature (#1) Date

\_\_\_\_\_  
Taxpayer's Signature (#2) Date

\_\_\_\_\_  
Taxpayer's Signature (#3) Date

State of Rhode Island, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, personally appeared before me \_\_\_\_\_  
who has signed and acknowledged said instrument to be their voluntary act and deed. Before me:

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**(Please note: Notaries are available at the Foster Town Hall free of charge.)**