



Town of Coventry

FINANCE DEPARTMENT • OFFICE OF THE ASSESSOR
Kerrin Martini • Tax Assessor
1670 Flat River Road • Coventry, RI 02816
401-822-9163 • kmartini@coventryri.org

Start Year: _____

APPLICATION FOR SENIOR TAX FREEZE, DISABILITY TAX FREEZE AND EXEMPTION OF \$8,000 ASSESSMENT OF REAL ESTATE

Applicant Information

Owner: _____ Date of Birth: _____

Co-owner: _____ Date of Birth: _____

Marital Status: _____ Vehicle Registration(s): _____

Property Location: _____ Date Purchased: _____

If current property owned less than five (5) years, provide previous address: _____

Address of Property Owned Elsewhere: _____

Phone: _____ Email: _____

Be sure to include a photo ID for all owners of record

Disability Information (if applicable)

Please include copies of the following required documents:

Social Security Award letter stating disabled: _____ Signed letter from Licensed Physician: _____

Physician's letter must state how long you have been disabled and that you are totally and permanently disabled

Disclaimer and Signature

I/We, the undersigned owner(s), attest that all information contained herein is true to the best of my/our knowledge and that the Town of Coventry is authorized to investigate and verify any such information. I/We certify that I/we are **FULL-TIME resident(s)** in the Town of Coventry and I/we are the Owner(s)/Occupant(s) of said property for nine (9) months of every year and have been for the past five (5) years. I/We occupied the property on the date of assessment (December 31st) and there is no business use of the property. I/We are aware adjustments will be made for new construction and/or improvements to the property prior to the assessment date each year based on the tax rate and value at that time.

**PLEASE BE ADVISED: IF YOU ELECT TO WITHDRAW FROM THIS PROGRAM, FOR ANY REASON,
YOU ARE NOT ELIGIBLE FOR REINSTATEMENT TO THE PROGRAM.**

Owner's Signature: _____ Date: _____

Co-Owner's Signature: _____ Date: _____