

**TOWN OF COVENTRY**  
TAX ASSESSOR'S OFFICE  
1670 FLAT RIVER ROAD  
COVENTRY RI 02816  
(401) 822-9162



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

**Applicant Information**

Owner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Co-Owner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Property Address: \_\_\_\_\_  
*Street Address Condo/Unit #*

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

Address of Property Owned Elsewhere: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Disability Information**

**Please include copies of the required documents:**

Copy of Social Security Award Letter stating 100% Disabled: \_\_\_\_\_ Photo ID: \_\_\_\_\_

Signed letter from Licensed Physician: \_\_\_\_\_

**Letter must state what your disability is, how long you have been disabled and that you are totally disabled**

**Disclaimer and Signature**

*I, the undersigned owner, attest that all information contained herein is true to the best of my knowledge and that the Town of Coventry is authorized to investigate and verify any such information. I certify that I am a FULL-TIME resident, a registered voter in the Town of Coventry and the Owner/Occupant of said property for 9 months of every year. I occupied the property on the date of assessment (December 31<sup>st</sup>) and I Swear that there is NO BUSINESS USE OF THE PROPERTY.*

**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: \_\_\_\_\_