Mary Ann Ferri
Acting City Assessor

Angel Taveras
Mayor

Finance Department, City Assessor

"*Building Pride In Providence*"

APPLICATION FOR PROPERTY TAX EXEMPTION

Please print or type the information requested. If additional space is needed, use additional sheets, numbering each item to correspond to the number of the question.

1. Name of Organization (Owner of Property)_____

2. Address of Property _____

3. Mailing Address (if different)_____

4. Assessor's Plat_____ Lot_____ (if more than one, list each on additional sheet.)

5. Type of organization (Religious, Charitable, Fraternal. Educational, Veterans' ,Library, etc
   (Do Not indicate "non-Profit)_____

6. Under what section of statutes of public laws is exemption claimed?_____

7. Are the facilities, or any portion thereof, leased, rented or used by persons or organizations other than the applicant hereof? _____
If the answer is yes, explain in detail on a separate piece of paper: list each person and/or organization.

8. What are the sources of income of the applicant? (Membership dues, donations. Sale of goods, rental, etc. Please attach an itemized income statement listing amounts and sources in detail.

9. How are these monies expended? Please attach and itemized expense statement listing in detail how all the income is expended.

10. Is there any type of commercial establishment located on the premises?_____
    If answer is yes, explain in detail.

11. Is a City or State license or permit required for any function or operation held, on or located on the premises?_____ If, yes please explain in detail.

12. When was the organization chartered? (Month, day, year) _____
_

13. Name and address of parent organization if different from 1&2._____

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I, the undersigned, _____, holding this office of _____ ._____, in the above organization, do hereby swear or affirm that the answers to the above questions are true to the best of my knowledge and belief.

Signature of Authorized Officer

Subscribed and sworn before me this _____day of _____,20_____

_____
Notary Public (Commission Expires:_____

_____A COPY OF THE APPLICANT'S CHARTER, A CERTIFIED COPY OF THE SPECIAL ACT OF THE LEGISLATURE (IF ANY EXISTS), A COPY OF THE CONSTITUTION AND BY-LAWS WITH ALL AMENDMENTS AND TWO (2) YEARS OF INCOME AND EXPENSE STATEMENTS MUST BE SUBMITTED WITH THIS APPLICATION BEFOR IT WILL BE PROCESSED.
THE CITY ASSESSOR MAY ALSO REQUIRE ADDITIONAL INFORMATION IF IT IS DEEDMED NECESSARY
ALL APPLICATIONS FOR EXEMPTIONS MUST BE FILED WITH THE OFFICE OF THE CITY ASSESSOR NO LATER THAN MARCH 15TH PRIOR TO THE TAX YEAR/BILLING.

FOR OFFICE USE ONLY
Application received: Date _____

Property inspected: Date_____ By_____

Adjustment required:_____

Additional Information requested _____-

Office interview held_____
Exemption:APPROVED_____ DENIED_____ REASON_____
_____
APPLICANT NOTIFIED (DATE)_____ REAL ESTATE DEPT NOTIFIED_____
EXEMPT CODE_____ TANGIBLE DEPT NOTIFIED_____