



Town of Portsmouth

2200 East Main Road / Portsmouth, Rhode Island 02871-1268

www.portsmouthri.gov

Matthew A. Helfand, RICA

Tax Assessor

Tel: 401-683-1536

Fax: 401-683-0095

Matthew A. Helfand, RICC

Tax Collector

Tel: 401-683-1214

Fax: 401-683-0095

January 30, 2026

The Town of Portsmouth offers a **Poverty & Infirmity Exemption** for residents who have owned their property for 1 year, reside in the claimed property as their domicile and have a combined yearly household income of less than \$37,716 during calendar year ending 12-31-25. Your domicile is your principle residence, your primary home. It is the address from which you are registered to vote, address your vehicle is registered to, pay federal and state income taxes, and receive your mail and live most of the year. Information may be verified through available public sources.

The Town of Portsmouth requires that residents wishing to apply for this exemption complete the application on the reverse side. Include copies of all sources of income. Notarize and submit to Portsmouth Tax Assessor's Office by June 1, 2026.

You must report income types and amounts from all sources, including related or unrelated people occupying the property, on the reverse side. Income of every nature and description, whether or not taxable, and whether earned or unearned, shall include but not be limited to dividends, interest, gross rents, gains, gifts, pensions, all types of compensation, and social security and veterans' benefits. All information will be kept strictly confidential.

If no income is derived from a particular source, please indicate by putting a zero in the column. All blanks must be completed.

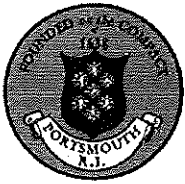
Thank you for your cooperation,

Matthew A Helfand RICA/RICC

Tax Assessor/Collector

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EXEMPTION APPLICATION UNDER CHAPTER 44-3-3(16) GENERAL LAWS OF RHODE ISLAND

APPLICATION DEADLINE- JUNE 1st

Name _____ Date of Birth _____

Address _____ Length of residency _____

Home phone _____ Cell phone _____

Email _____

How many months do you reside at this address each year? _____ Do you own other property? _____

If so, where? _____

Name(s) all people who occupy this property:

Name	Date of Birth	Relationship

(OVER)

Enter the **YEARLY AMOUNTS** below (include **COPIES** of proper forms with this application)

YOU MUST INCLUDE ALL SOURCES OF INCOME FOR EVERY PERSON OCCUPYING THE PROPERTY

- Gross Wages: _____ Include copy of W-2
- Social Security (Applicant): _____ Include copy of SSA-1099
- Social Security (Other): _____ Include copy of SSA-1099
- Distribution Income: _____ Include copy of 1099-R
- Pension: _____ Include copy of W-2P
- Interest Income: _____ Include copy of 1099-INT
- Other Income: _____ Include copy of W-2G, 1098, 1099-A, 1099-B, 1099-C, 1099-DIV, 1099-G, 1099-MISC, 1099-OID, 1099-S, Heating Assistance Grants, SNAP Benefits, RI Property Tax Relief Benefits
- Veteran's Benefits: _____ Include copy of Statement
- Monetary Gifts: _____ From relatives/friends
- Rental Income: _____ Include copy
- Total Income** \$ _____ Include copy of current income tax return(s)
- Savings Balance: _____ Checking Balance: _____ Include copies of current statements

****PLEASE NOTE: There will be a charge for copies made at the office of the Tax Assessor/Collector**

DO NOT LEAVE ANY SPACES BLANK - IF NO INCOME RECEIVED, ENTER ZERO

1. I am the owner of the property described above and have been an owner and residing in same, as a permanent legal resident of the Town of Portsmouth for the previous one (1) year or more.
2. Only one exemption shall be allowed per household with respect to any one (1) building, provided such exemption shall be allowed for a single family or multiple family dwelling and any other buildings as long as such person resides therein.
3. I do hereby swear or affirm that the above information is true to the best of my knowledge and belief. **Failure to provide complete application and documentation or false information may result in denial of this exemption.**

I do hereby swear or affirm that the above information is true to the best of my knowledge and belief.

Date _____ Signed _____

Subscribed and sworn to before me, by _____

NOTARY PUBLIC

OFFICE USE ONLY

Assessed Value: _____ X _____ % = _____ Amount of Exemption