

<p><i>City of East Providence</i> MAYOR ROBERTO L. DASILVA ASSESSOR'S OFFICE - CITY HALL 145 TAUNTON AVENUE EAST PROVIDENCE, RHODE ISLAND 02914-4505 PHONE (401) 435-7574 --- FAX (401) 435-1915 Hours: 8:00 am till 4:00 pm Monday thru Friday</p>	<p><u>Assessor's Use Only</u></p> <p>Date Mailed: _____</p> <p>Account #: _____</p> <p>Map: _____ Block: _____ Prct: _____</p>
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SALES VERIFICATION FORM

OWNER NAME: _____

LOCATION: _____

Date Purchased: ____/____/____ Purchase Price: \$ _____

Did your purchase involve any of the following conditions?

Was the sale between family members, or a partial interest in the property? NO: _____ YES: _____

Is your property subject to deed restrictions or easements? NO: _____ YES: _____

Dwelling Information (please answer all questions)

1. Dwelling Type:	_____ 1-Family _____ 2-Family _____ 3-Family _____ 4-Family _____	_____ Condo _____ Res & Comm _____ Other _____	_____ 1/2 _____ 1/4 _____
2. Basement:	_____ Full _____ 3/4 _____ 1/2 _____ 1/4 _____	_____ Slab _____ Crawl Space _____	
3. Finished Basement:	_____ No _____ Yes (if yes, approximate percentage finished)		
4. Attic:	_____ Unfinished _____ 1/4 Finished _____ 1/2 Finished _____ 3/4 Finished _____	_____ Fully Finished _____ Scuttle Entry Only _____ Dropstair Entry Only _____	
5. Is Attic Heated?	_____ No _____ Yes _____		
6. Fireplace(s):	_____ None _____ One _____ Two _____ Three _____ Four _____		
7. Bedrooms	_____ One _____ Two _____ Three _____ Four _____		
8. Full Bathroom(s):	_____ One _____ Two _____ Three _____ Four _____		
9. Half Bathroom(s):	_____ None _____ One _____ Two _____ Three _____		
10. Kitchen(s)	_____ One _____ Two _____ Three _____ Four _____		
11. Flooring:	_____ Hardwood _____ Carpet _____ Vinyl _____ Quarry Tile _____	_____ Pine/Soft Wd _____ Slate _____ Marble _____ Other _____	
12. Heating Type:	_____ Forced Water _____ Forced Air _____ Steam _____ Electric _____	_____ Gas on Gas _____ Floor Furnace _____ No Heating _____ Solar _____	
13. # of Heating Systems:	_____ One _____ Two _____ Three _____ None _____		
14. Central Air Cond.:	_____ No _____ Yes _____ Partial (explain _____)		
15. Condition of House:	_____ Good _____ Average _____ Fair _____ Poor _____		
16. Style of House:	_____ Ranch _____ Raised Ranch _____ Cape _____ Colonial _____	_____ Cottage _____ Conventional _____ Bungalow _____ Other _____	
17. Year Built:			
18. Garage(s):	_____ No Garage _____ 1-Car _____ 2-Car _____ 3-Car _____		
19. Garage Type:	_____ Attached _____ Detached _____ Basement _____ Other _____		
20. Height of House:	_____ 1-Story _____ 1 1/2 Stories _____ 1 3/4 Stories _____ 2 Stories _____		

	<u>Size</u>	<u>Approximate Year Built</u>
21. Other Items:		
Above Ground Pool:	_____	_____
In-Ground Pool:	_____	_____
Enclosed Porch:	_____	_____
Open Porch:	_____	_____
Wood Deck:	_____	_____
Patio:	_____	_____
Shed:	_____	_____
Other:	_____	_____

22. Was there any major remodeling or repairs to the house prior to, or after the sale? NO: _____ YES: _____
 If **yes**, please describe the extent of the remodeling or repairs.

23. At the time of the sale, was there any portion of the house unfinished? NO: _____ YES: _____
 If **yes**, please describe what section was unfinished.