



Renewal Application for Partial Tax Exemption for Real Property of Senior Citizens

To be filed with your local assessor by taxable status date.
Do **not** file this form with the Office of Real Property Tax Services.

| | | | | | |
|---|-------|----------|---|-------|----------|
| Name of applicant(s) | | | | | |
| Mailing address (number and street or PO box) | | | Location of property (street address) | | |
| City, village, or post office | State | ZIP code | City, village, or post office | State | ZIP code |
| Daytime contact number | | | Evening contact number | | |
| Email address (optional) | | | School district | | |
| Name(s) of any non-owner spouse(s) | | | Tax map number or section/block/lot: Property identification (see tax bill or assessment) | | |

- 1 Since filing your application last year, fully describe in the lines below any changes in:
- a title to the property (due to death, addition or deletion of owner);
 - b legal residence or occupancy of the property (e.g. confinement of owner in hospital or nursing home, divorce, legal separation or abandonment by spouse); or
 - c use of residence for other than residential purposes (store, office, farm, etc.).
 - d Children of owners, tenants or leaseholders living on the premises attending public school grades pre-K-12; if so, give the name and location of the school or schools, and state whether such child or children were brought into the property in whole or in substantial part for the purpose of attending a particular school within the school district.

Mark an **X** in the box if there has been no change in items **a, b, c,** and **d** above

Explanation of changes that have occurred as indicated on line 1 (attach additional sheets if necessary). _____

- 2 Did the owner or spouse file a federal or New York State income tax return for the applicable income tax year (see Form RP-467-I, Instructions for Form RP-467, to determine the applicable income tax year)?
If Yes, attach a copy of the return(s) Yes No

If you do not have a copy of the return or returns, see Form RP-467-I.

(continued)

3 Provide the income of each owner and spouse of each owner for the applicable income tax year, except for an owner who is absent from the residence due to divorce, legal separation, or abandonment. Attach additional sheets if necessary. See Form RP-467-I to determine the applicable income tax year and the income to be included.

| Names of owner(s) and spouse(s) | Source of income | Amount of annual income |
|---------------------------------|------------------|-------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|---|----|--|
| 3a Total income of owner(s) and spouse(s) (add all income sources) | 3a | |
| 3b Of the income on line 3a, how much, if any, was used to pay for an owner's care in a residential health care facility? Attach proof of amount paid; enter 0 if not applicable (see instructions) | 3b | |
| 3c Subtract line 3b from line 3a | 3c | |

4 If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located (contact assessor for information), complete the following:

| | | |
|---|----|--|
| 4a Unreimbursed medical and prescription drug costs (be sure to deduct any amounts reimbursed by insurance) | 4a | |
| 4b Subtotal income of owner(s) and spouse(s) (line 3c minus line 4a) | 4b | |

5 If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located, complete the following:

| | | |
|---|---|--|
| Veteran's disability compensation received. Attach proof; enter 0 if not applicable | 5 | |
| 6 Total income of owner(s) and spouse(s) (line 4b subtotal minus line 5) | 6 | |

7 Certification

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief. I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, and a fine of not more than \$100.

| Signature (If more than one owner, all must sign) | Marital status | Phone number | Date |
|--|----------------|--------------|------|
| | | | |
| | | | |
| | | | |

This Area for Assessor's Use Only

Date renewal application filed _____

Approved Disapproved

Reason for denial _____

Exemption applies to taxes levied by or for:

City/Town _____ % County _____ %
 School _____ % Village _____ %

| | |
|----------------------|------|
| Assessor's signature | Date |
| | |