LAST DATE TO FILE DECEMBER 1st OF EVERY YEAR

RP-467 (11/09)

NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF SENIOR CITIZENS (AND FOR ENHANCED SCHOOL TAX RELIEF (STAR) EXEMPTION)

NOTE: General information and instructions for completing this form are contained in RP-467-Ins

Persons who qualify for the senior citizens exemption are also deemed eligible for the enhanced school tax relief (STAR) exemption. No separate application for the STAR exemption (RP-425) need be filed unless the assessor cannot determine eligibility for enhanced STAR based on this application. Application must be filed with your local assessor by taxable status date. Do not file this form with the Office of Real Property Tax Services.

1. Name and telephone no. of owner(s)

_____

_____

Day No. ( ) _____

Evening No. ( ) _____

2. Mailing address of owner(s)

_____

_____

_____

_____

E-mail address (optional) _____

3. Location of property (see instructions)

_____ Street address

_____ Village (if any)

_____ City/Town

_____ School District

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot _____

4. Indicate documents submitted with application as proof of age of owners (See instruction #4):
☐ Birth certificate ☐ Baptismal certificate ☐ Other (specify) _____

5. Date applicant(s) acquired ownership of property (see instruction #5): _____

6. Indicate document submitted with application as proof of ownership (See instruction #6):
☐ Deed ☐ Mortgage ☐ Other (specify) _____

7. Do all the owners of the property presently occupy the premises as their legal residence?
☐ Yes ☐ No

If the answer to 7 is NO, is an owner receiving medical care as an in-patient in a residential health care facility? ☐ Yes ☐ No

If answer is YES, specify name and location of the facility. _____

_____

If answer to 7 is NO, is the non-resident owner the spouse or former spouse of the resident owner and is he or she absent from the residence due to divorce, legal separation or abandonment? ☐ Yes ☐ No

If answer is NO, explain. _____

_____

8. Is any portion of the property used for other than residential purposes (commercial, professional office, etc.)? ☐ Yes ☐ No
If answer is Yes, explain such use and describe the portion that is so used. _____

_____

13. Did owner or spouse file a federal or New York State Income Tax return for the preceding year?

☐ Yes ☐ No If answer is YES, attach copy of such return or returns.
(See instruction #13.)

14. Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades K through 12? ☐ Yes ☐ No

If Yes, show name and location of school(s): _____

_____

If Yes, was the child (or were the children) brought into the residence in whole or in substantial part for the purpose of attending a particular school within the school district? ☐ Yes ☐ No

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I certify that all statements made on this application are true and correct to the best of my belief and I 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 No.**	**Date**

SPACE BELOW FOR USE OF ASSESSOR

Date application filed _____

☐ Proof of age submitted
☐ Proof of ownership submitted
☐ Application approved
☐ Application disapproved

Exemption applies to taxes levied by or for:

☐ Town _____%
☐ County _____%
☐ School _____%
☐ Village _____%

_____
Assessor's signature

_____
Date

9. Income of each owner and spouse of each owner for the calendar year immediately preceding date of application MUST be set forth. (Attach additional sheets if necessary; see instruction #9 for income to be included.)

Name of owner(s)	Source of income	Amount of income

Name of spouse (s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)

Subtotal income of owner(s) and spouse (s) $ _____

10. Of the income specified in #9 how much, if any, was used to pay for an owner's care in a residential health care facility? (See instruction #10) (Attach proof of amount paid: enter zero if not applicable.) $ _____

Subtotal income of owner(s) and spouse(s) [#9 minus #10] $ _____

"Local Option Only"

11. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which the property is located (see instructions #11), complete the following:
    (a) Medical and prescription drug costs; $ _____
    (b) Subtract amount of (a) paid or reimbursed by insurance: $ _____
    (c) Unreimbursed amount of (a) (attach proof of expenses and reimbursement, if any; enter zero if option not available): $ _____

Subtotal income of owner (s) and spouse (s) [#10 minus #11 (c)] $ _____

"Local Option Only"

12. If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located (see instruction #12), complete the following:

Veteran's disability compensation received (attach proof, enter zero if not applicable) $ _____

Total income of owner(s) and spouse(s) [11(c) minus 12] $ _____