

Application for Partial Tax Exemption for Real Property of Senior Citizens

Applications must be filed with your local assessor by the taxable status date

Name(s) of owner(s)	
Mailing address of owner(s)	Location of property (street address)
Daytime contact number	Evening contact number
E-mail address	
Tax Map Number (Section - Block - Lot)	

1 Indicate which documents you included with this application as proof of age of owners:

Driver license Birth certificate Other (specify) _____

2 Date you acquired ownership of property: _____

3 Indicate document included with application as proof of ownership:

Deed Other (specify) _____

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

4a If the answer to 4 is *No*, is an owner receiving medical care as an in-patient in a residential health care facility?..... Yes No

4b If the answer to 4a is *Yes*, specify name and location of the facility: _____

4c If the answer to 4 is *No*, is the non-resident owner the spouse or former spouse of the resident owner? Yes No

4d If the answer to 4c is *Yes*, is he or she absent from the residence due to divorce, legal separation, or abandonment? Yes No

5 Is any portion of the property used for other than residential purposes (commercial, professional office, etc.)?

Yes No

5a If answer is *Yes*, explain such use and describe the portion that is so used. _____

6 List the income of each owner and spouse of each owner for the calendar year immediately preceding the date of this application. Attach additional sheets if necessary.

Name of Owner(s) or Spouse	Source of Income	Amount of Income

6a Total Income..... _____

7 Of the income specified in line 6a how much, if any, was used to pay for an owner's care in a residential health care facility? (Attach proof of amount paid)..... _____

7a Total income of owner(s) and spouse(s) (subtract line 7 from line 6a) _____

10 Did the 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 the income tax return.

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

11a If the answer to 11 is Yes, list name and location of school(s): _____

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief and 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	Marital Status	Phone No.	Date

----- ***This Area for Assessor's Use Only*** -----

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

Assessor's signature	Date
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