

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 State Board of Real Property Services

Name and address of applicant:

Telephone Number:

Day () _____

Evening () _____

1. Property identification (see tax bill or assessment roll).

Tax map number or section/block/lot _____

2. 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).
- c. use of residence for other than residential purposes (store, office, farm, etc.).
- d. also state whether any children of owners, tenants or leaseholders living on the premises attend public school grades K-12, and, if so, give the name and location of the school or schools.

Check here if there has been no change in items **a, b, c** and **d** above _____

Explanation of changes that have occurred as indicated in Question #2 (attach additional sheets if necessary).

3. Did the owner or resident spouse file a federal or New York State income tax return for the preceding year?

YES _____ NO _____

If **YES**, please attach a copy of the return(s).

4. a. The income of each owner and spouse of each owner for the calendar year immediately preceding the date of application must be set forth on following page, except for an owner who is absent from the residence due to divorce, legal separation or abandonment. Attach additional sheets if necessary. Income does **NOT** include gifts, inheritances, a return of capital or moneys earned through employment in the Federal Foster Grandparent Program.

| Name of owner(s) | Source of income | Amount of income |
|------------------|------------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. b. Total Income of Owner(s) and Spouse(s) \$ _____

c. Of the total income, how much, if any, was used to pay for an owner's care in a residential health facility?
Please attach proof of amount paid. \$ _____

d. Total Income of Owner(s) [(4.b.) Minus 4.c.]) \$ _____

5. Certification

I certify that all statements made on this application are true and correct to the best of my belief. 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 | Marital Status | Phone No. | Date |
|---|----------------|-----------|-------|
| (If more than one owner, all must sign) | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Space below for use of Assessor

Parcel Identification _____

Date Renewal Application Filed _____ Application Approved Application Disapproved

Exemption Applies to Taxes Levied by or for Town County School Village