

Governor David A. Paterson
Application for School Tax Relief (STAR) Exemption

Owner Telephone Number(s): _____
Day No. _____

Date: _____
School Dist _____

Owner Name and Mailing Address:

Property Location:

SBL#: _____

- Does your total income of all property owners exceed \$500,000? **Yes** **No**
- Do you own any other property that is currently receiving the STAR exemption? **Yes** **No**
- Do you own property in another state that you are claiming as your primary residence and are receiving a tax benefit? **Yes** **No**

If yes, please give the address of each such property: _____

If you own property and it is your primary residence, you are eligible for a STAR school tax exemption. **Sign, date and return this form with a copy of your NYS driver's license or voters registration card to your local assessor by next March 1st.** This is to verify your current address. If you do not have your current address on your license or voter registration card, please write it on the back and photocopy for our records.

IF YOU ARE OVER 65 YOU MAY BE ELIGIBLE FOR A LARGER SCHOOL PROPERTY TAX SAVINGS. CONTACT THE ASSESSOR'S OFFICE.

Caution: Anyone who misrepresents his or her primary residence, age or income may be subject to a \$100 penalty, may be prohibited from receiving the STAR exemption for five years, and may be subject to criminal prosecution.

I certify that all of the above information is correct and that I own the property listed above and that it is my primary residence. I understand it is my obligation to notify the assessor if I relocate to another primary residence and to provide any documentation of eligibility that is requested.

One resident owner must sign and date

Signature Date

SPACE BELOW FOR USE BY ASSESSOR

Return to Assessor no later than: **MARCH 1ST**

Application received: _____

Assessor Name: Rebecca K. Baker
Address: PO Box 227
Akron NY 14001
Phone: (716)542-4574

Proof of residency: _____

Follow-up: _____