



Application for Partial Tax Exemption for Real Property of Senior Citizens

For help completing this application, see Form RP-467-I, Instructions for Form RP-467. You must file this application with your local assessor by the taxable status date. Do not file this form with the Office of Real Property Tax Services.

This form may only be used to apply for the partial tax exemption for real property of senior citizens. It may not be used to apply for the Enhanced STAR exemption, which is a separate exemption.

Form with fields for: Name(s) of owner(s), Mailing address of owner(s), Location of property, City, village, or post office, State, ZIP code, Daytime contact number, Evening contact number, School district, E-mail address, Tax map number of section/block/lot, Name(s) of any non-owner spouse(s), Address(es) of primary residence(s) if different from above.

1 Indicate which documents you included with this application as proof of age of owners (see instructions):

Form with checkboxes for Driver license, Birth certificate, and Other (specify)

2 Date you acquired ownership of property (see instructions):

3 Indicate document included with application as proof of ownership (see instructions):

Form with checkboxes for Deed and 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 date of application. Attach additional sheets if necessary. (See instructions for income to be included.)

| Name of owner(s) | Source of income | Amount of income |
|--|------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| 6a Total income of owner(s) | | 6a |

| Name of spouse(s) if not owner of property | Source of income of spouse(s) | Amount of income of spouse(s) |
|--|-------------------------------|-------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| 6b Total income of spouse(s) | | 6b |
| 6c Total income of owner(s) and spouse(s) (add line 6a and line 6b) | | 6c |

7 Of the income specified in line 6c 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)

| | |
|---|-----------|
| 7 | |
| 7a Total income of owner(s) and spouse(s) (subtract line 7 from line 6c) | 7a |

8 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), complete the following:

8a Unreimbursed medical and prescription drug costs (deduct any amounts reimbursed by insurance).

| | |
|--|-----------|
| 8a | |
| 8b Total income of owner(s) and spouse(s) (subtract line 8a from line 7a) | 8b |

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

9a Veteran's disability compensation received (attach proof, enter 0 if not applicable)

| | |
|--|-----------|
| 9a | |
| 9b Total income of owner(s) and spouse(s) (subtract line 9a from line 8b) | 9b |

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 such return or returns (see instructions).

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): _____

11b If the answer to 11 is 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

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 (If more than one owner, all must sign) | Marital status | Phone number | Date |
|--|----------------|--------------|------|
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This Area for Assessor's Use Only

Date application filed _____

Exemption applies to taxes levied by or for:

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

- Town _____ %
- County _____ %
- School _____ %
- Village _____ %

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