



NYS BOARD OF REAL PROPERTY SERVICES

RP-459-c (7/05)

APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF PERSONS WITH DISABILITIES AND LIMITED INCOMES

APPLICATION MUST BE FILED WITH YOUR LOCAL ASSESSOR BY TAXABLE STATUS DATE

Do not file this form with the State Board of Real Property Services. General information and instructions for completing this form are contained in RP-459-c-Ins

1. Name and telephone no. of owner(s)
2. Mailing address of owner(s)
INCOME LIMITS
County 32,400
Town 26,900
School
Students Yes No

3. Location of property (see instructions):
Street address
City/Town
School District
Village (if any)

Property identification (see tax bill or assessment roll)
Tax map number or section/block/lot

4. Description of nature of applicant's physical or mental impairment which currently substantially limits one or more major life activities (e.g. walking)

5. Indicate documents submitted with application as proof of disability (See instruction #5)
Award letter from Social Security Administration of entitlement to social security disability insurance (SSDI) or supplemental security income (SSI)
Award letter from Railroad Retirement Board of entitlement to railroad retirement disability benefits
Certificate from State Commission for the Blind and Visually handicapped stating that applicant is legally blind
Award letter from United States Postal Service certifying disability pension

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 reside on the premises? Yes No
If answer to question 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.

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

9. Income of each owner and resident spouse of each owner for the calendar year immediately preceding date of application MUST be set forth on next page (attach additional sheets if necessary). See instruction #9 for income to be included. (NOTE: Income does NOT include gifts, inheritances or a return of capital.)

Table with 3 columns: Name of owner(s), Source of income, Amount of income

Name of resident 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 nursing home or health care facility? (See instruction #10) (Attach proof of amount paid, enter zero if not applicable.) \$ \_\_\_\_\_

(#9 minus #10) \$ \_\_\_\_\_

# DEDUCTIONS

11. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which 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 (attach proof of expenses and reimbursement, if any; enter zero if option not available); \$ \_\_\_\_\_

Total income of owner (s) and spouse (s) (#10 minus #11 (c)) \$ \_\_\_\_\_

12. 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 instruction #12.)

13. 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

I certify that all statements made on this application are true and correct.

Signature (If more than one owner, all must sign.)	Marital Status	Phone No.	Date
_____	_____	_____	_____

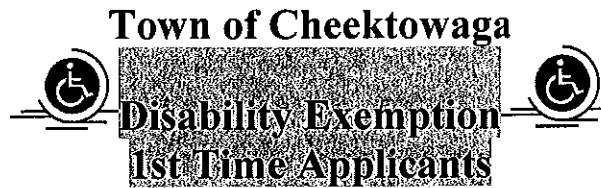
### SPACE BELOW FOR USE OF ASSESSOR

Date application filed _____	Exemption applies to taxes levied by or for:
_____ Proof of disability submitted	Town <input type="checkbox"/>
_____ Proof of ownership submitted	County <input type="checkbox"/>
_____ Application approved	School <input type="checkbox"/>
_____ Application disapproved	Village <input type="checkbox"/>

Assessor's signature \_\_\_\_\_ Date \_\_\_\_\_

**Deadline to file applications is MARCH 1<sup>ST</sup>**

**Proof of 2013 (NOT 2014) income is required**



Enclosed is the application for the Disability Exemption for households with incomes below \$32,400. You **MUST** renew your Disability Exemption yearly.

**Disability & Limited Income Exemption**

**Disability exemption must be RENEWED every year with proof of income.**

1. Complete, sign and date application RP-459-c (enclosed).
2. Enter amount of 2013 (NOT 2014) income on application (back).
3. Include proof of:
  - For all income for 2013 (NOT 2014) taxable and non-taxable.  
Please note: Money taken out of an IRA is NOT considered income. However, all interest earned, even though you do NOT report it as income on your tax return IS considered income. Interest IS counted as income even if you do not withdraw any money from your IRA. You may obtain this information from the manager of your IRA account.
  - An award letter (from the Social Security Administration, Railroad Retirement Board or the State Commission for the Blind and Visually Handicapped). *Award letter must state "Notice of Award"*.
  - Deed to property (Bill of Sale if Mobile Home).
- Copy of 1 proof of residency with current address must accompany application:
  - Current Driver's License (printed by the DMV, stickers will not be allowed)
  - Current Voter's Registration
  - Current Auto Registration
  - Current Pay Stub

 **FILE BY MAIL** 

**Cheektowaga Assessor's Office  
3301 Broadway  
Cheektowaga, NY 14227  
(716) 686-3563**

**Filing Deadline for Exemptions is MARCH 1, 2015**