



NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RENEWAL APPLICATION FOR PARTIAL TAX EXEMPTION
FOR REAL PROPERTY OF SENIOR CITIZENS
(AND FOR ENHANCED SCHOOL TAX RELIEF (STAR) EXEMPTION)

To be filed with your local assessor by Taxable Status Date
Do not file this form with the Office of Real Property Tax Services.

Empty rectangular box for applicant name and address.

Name and address of applicant

Telephone No.
Day ( )
Evening ( )
Email address (optional)

- 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); or
c. use of residence for other than residential purposes (store, office, farm, etc.).
d. 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 spouse file a federal or New York State income tax return for the preceding year?
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.

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

Name of spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

4.b. **Subtotal of Income of Owner(s) and Spouse(s)** \$ \_\_\_\_\_

4.c. Of the income in 4.b., how much, if any, was used to pay for an owner's care in a residential health care facility? Please attach proof of amount paid; enter zero if not applicable \$ \_\_\_\_\_

4.d. **[(4.b.) minus(4.c.)]** \$ \_\_\_\_\_

4.e. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located (contact assessor for information), complete the following:

- (i) Medical and prescription drug costs; \$ \_\_\_\_\_
- (ii) Subtract amount of (i) paid or reimbursed by insurance \$ \_\_\_\_\_
- (iii) Unreimbursed amount of (i) (attach proof of expenses and reimbursement, if any; enter zero if option not available); \$ \_\_\_\_\_

**Subtotal income of owner(s) and spouse(s) [4.d. minus 4.e. (iii)]** \$ \_\_\_\_\_

4.f. If a deduction for veteran's disability compensation is authorized by any of the municipalities in which property is located, complete the following: Veteran's disability compensation received (attach proof; enter zero if not applicable) \$ \_\_\_\_\_

**Total income of owner(s) and spouse(s) [4.e. minus 4.f.]** \$ \_\_\_\_\_

**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**

Date Renewal Application Filed \_\_\_\_\_  Approved  Disapproved

Exemption applies to Taxes Levied by or for  City/Town \_\_\_\_\_%  County \_\_\_\_\_%

School \_\_\_\_\_%  Village \_\_\_\_\_%

Assessor's Signature \_\_\_\_\_ Date \_\_\_\_\_