**Application for Partial Real Property Tax Exemption
for Volunteer Firefighters/Ambulance Workers**(General information & instructions are contained on the
New York State Department of Taxation & Finance website @ [www.tax.ny.gov](http://www.tax.ny.gov))

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File by **1/2/24**
for Tax Year
**2024/25**

1. Name and telephone of owner(s) 2. Mailing address of owner(s)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Daytime #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Location of property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Street Address

Property identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (see tax bill or assessment roll)
 Tax Map Number or Section / Block / Lot

4. Name of incorporated volunteer fire company, department or incorporated volunteer ambulance service:
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach **ORIGINAL** Fire Department letter)

5. Please check the following relationship which qualifies you to receive this exemption:
Certified by company, department or services as enrolled member **for at least 5 years**: 🞏
Certified by company, department or services as having accrued at **least 20 years of active service**: 🞏

6. Does the applicant reside in the village served by the incorporated volunteer fire company; department or incorporated volunteer ambulance service indicated in question 4?􀀀Yes 􀀀No

7. Is applicant an active member and in “good standing”? 􀀀Yes 􀀀No

8. Is the property the primary residence of the applicant? 􀀀Yes 􀀀No
Proof of primary residence (e.g. current car registration, voter’s registration) must be submitted with this
application (attach **COPY**)

9. Does the applicant or the applicant and his/her spouse own the property? 􀀀Yes 􀀀No
Proof of ownership (i.e. deed) of the property must be filed if new applicant (attach **COPY**)

10. Is any portion of the property used for other than residential purpose (commercial, professional office, etc.) 􀀀Yes 􀀀No
*If YES*, explain such use and describe the portion that is so used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I (we) hereby certify that all statements made on this application are true and correct to the best of my (our) knowledge and belief and I (we) understand that any willful false statement made herein will subject me (us) to the penalties prescribed therefore in the Penal Law.
ALL OWNERS MUST SIGN APPLICATION**

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Signature (if signed by other than owner, power of attorney must be submitted) Marital Status Date

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Signature (if signed by other than owner, power of attorney must be submitted) Marital Status Date