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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File by **12/31/19**  
for Tax Year  
**2020/21**

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

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

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

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

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.

􀀀 Current Award letter from Social Security Administration of entitlement to social security disability insurance (SSDI) or supplemental security income (SSI)

􀀀 Current Award letter from Railroad Retirement Board of Entitlement to railroad retirement disability benefits

􀀀 Current Certificate from State Commission for the Blind and Visually handicapped stating that applicant is legally blind

􀀀 Current Award letter from United States Postal Service certifying disability pension

6. Indicate document submitted with application as proof of ownership Deed 􀀀Mortgage 􀀀Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do all the owners of the property presently occupy the premises as their legal residence? 􀀀Yes 􀀀No  
*If NO,* is an owner receiving medical care as an in-patient in a residential health care facility? 􀀀Yes 􀀀No

*If YES,* specify name and location of facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*If NO,* is the non-resident owner the spouse or former spouse of the resident owner who is absent from the residence due to divorce, legal separation or abandonment? 􀀀Yes 􀀀No

*If NO,* explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Is the property used exclusively for residential purposes? 􀀀Yes 􀀀No  
*If NO,* describe the non-residential use and state what portion is so used. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Gross income of each owner and resident spouse of each owner for the **2018 calendar year** must be set forth on the attached **STATEMENT OF INCOME**. You must **ATTACH COPIES** of all documents verifying income, such as 1099 forms, Social Security, interest and retirement statements, etc.

10. Did owner(s) or spouse(s) file a Federal or New York State income tax return for **2018** calendar year? 􀀀Yes 􀀀No  
*If YES,* you must **ATTACH COPIES** of all Federal & New York State income tax returns for the **2018** calendar year.

11. Except applicants, are there any other adults or children living on the property (including tenants)? 􀀀Yes 􀀀No

**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

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

**Sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2019**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public**