**Application for Partial Real Property Tax Exemption
for Senior Citizens with 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))

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

4. Indicate documents submitted with application as proof of age of owners:
􀀀 Birth Certificate 􀀀 Baptismal Certificate 􀀀 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

6. Do all the owners of the property presently occupy the premises as their **primary** legal residence? 􀀀Yes 􀀀No
*If NO,* is an owner receiving medical care as an in-patient in a residential health care facility? 􀀀Yes 􀀀No
 -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 and neither of the above*, explain absence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

8. 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.

9. 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.

10. 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**