RP-467-Rnw (9/09)

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.

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. If a child or children attending public school grade K-12 are living on the premises, state whether such child or children were brought into the property in whole or in substantial part for the purpose of attending a particular school within the school district.

   ☐ 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? ☐ Yes ☐ No IF **YES**, attach a copy of the return(s)

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. Attach additional sheets if necessary. Income does **NOT** include gifts, inheritances, a return of capital, proceeds of a reverse mortgage (although interest or dividends realized from the investment of such proceeds are income), reparation payments to victims of Nazi persecution, or monies earned through employment in the Federal Foster Grandparent Program. Note that if your income exceeds the locally applicable income ceiling, your application will be considered for enhanced STAR purposes. However, if you have not submitted income information for the year required for enhanced STAR purposes, you may need to submit form RP-425.

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

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 _____