

SENIOR CITIZENS TAX EXEMPTION

DEADLINE – DECEMBER 31, 2017

There is a partial Village Tax Exemption for the year June 1, 2018 to May 31, 2019 for Senior Citizens (65 years of age or older) with income as follows:

\$ 29,000 or less

50%

The applicant must own the residential property and have owned the property for a period of one year, or have owned a previous residence in the State of New York for one year prior to filing the application and was receiving a Senior Citizens Exemption.

The property must be the "legal residence" of and must be occupied by all of the owners of the property. It must also be used exclusively for residential purposes.

Under state law, the income of all the owners and their resident spouses must be counted even if only one is listed as the owner of the property. You must list names and the relationship of all others living in your house and their yearly contribution to the maintenance of the house. (Question #3)

For those who qualify, applications are available at the Village Hall. They must be filed in the Assessor's Office at the Village Hall on or before December 31, 2017.

The application and the supporting documents shall be filed in the Assessor's office on or before the first day of January in each year. Notwithstanding the above or subdivision five of RPTL s 467, an application for an exemption under this Chapter may be filed with the Assessor after the appropriate taxable status date but not later than the third Tuesday of February, where failure to file a timely application resulted from: (a) a death of the applicant's spouse, child, parent, brother or sister, or (b) an illness of the applicant or of the applicant's spouse, child, parent, brother or sister, which actually prevents the applicant from filing on a timely basis, as certified by a licensed physician. The Assessor shall approve or deny such application as if it had been filed on or before the taxable status date.

DOCUMENTS NEEDED:

* **Proof of age** - birth or baptismal certificate, passport, etc.

* **Copy of Deed** - if the property is owned by more than one person, all of the owners must qualify for the exemption, except if they are husband and wife - if they own the property jointly, then only one has to be 65 years of age.

Divorce or legal separation or proof of abandonment papers, if applicable.

Death Certificate of spouse (if applicant is a widow or widower).

* **Copy of Federal and New York State Income Tax Return** for the year 2016, if filed, please include all supporting documentation. If not required to file federal or state income tax returns please include verification of all income, such as pension statements (W2P),

Social Security (SSA 1099), interest and dividend statements, and/or W2 must be provided. See application for additional income information and verification requirements.

Additional documentation may be requested by the assessor in order to establish eligibility.

For your convenience, the address and phone number where you may obtain information regarding your Social Security Statement is:

Social Security Administration
170 Old Country Road, 2nd Fl.
Mineola, NY 11501
Phone Number: 800-772-1213

INCOMPLETE APPLICATIONS MAY TAKE LONGER TO BE PROCESSED. ANY QUESTIONS, PLEASE CONTACT THE VILLAGE OFFICE AT 746-2193, Monday thru Friday from 8:00am to 4:00pm.

PLEASE NOTE: Any willful false statement in the application for such exemption or the failure to disclose any income shall be punishable by a fine of not more than one hundred dollars and shall disqualify the applicant(s) for further exemption for a period of five (5) years.



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

RP-467 (11/09)

APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF
SENIOR CITIZENS

NOTE: General information and instructions for completing this form are contained in RP-467-Ins

Persons who qualify for the senior citizens exemption are also deemed eligible for the enhanced school tax relief (STAR) exemption. No separate application for the STAR exemption (RP-425) need be filed unless the assessor cannot determine eligibility for enhanced STAR based on this application. Application must be filed with your local assessor by taxable status date. Do not file this form with the Office of Real Property Tax Services.

<p>1. Name and telephone no. of owner(s)</p> <p>_____</p> <p>_____</p> <p>Day No. () _____</p> <p>Evening No. () _____</p> <p>E-mail address (optional) _____</p>	<p>2. Mailing address of owner(s)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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3. Location of property (see instructions)

Street address _____	Village (if any) _____
City/Town _____	School District _____

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 (See instruction #4):

Birth certificate Baptismal certificate Other (specify) _____

5. Date applicant(s) acquired ownership of property (see instruction #5): _____

6. Indicate document submitted with application as proof of ownership (See instruction #6):

Deed Mortgage Other (specify) _____

7. Do all the owners of the property presently occupy the premises as their legal residence?

Yes No

If the answer to 7 is NO, is an owner receiving medical care as an in-patient in a residential health care facility? Yes No

If answer is YES, specify name and location of the facility. _____

If answer to 7 is NO, is the non-resident owner the spouse or former spouse of the resident owner and is he or she absent from the residence due to divorce, legal separation or abandonment? Yes No

If answer is NO, explain. _____

8. Is any portion of the property used for other than residential purposes (commercial, professional office, etc.)? Yes No

If answer is Yes, explain such use and describe the portion that is so used. _____

9. Income of each owner and spouse of each owner for the calendar year immediately preceding date of application **MUST** be set forth. (Attach additional sheets if necessary; see instruction #9 for income to be included.)

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)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subtotal income of owner(s) and spouse (s) \$ _____

10. Of the income specified in #9 how much, if any, was used to pay for an owner's care in a residential health care facility? (See instruction #10) (Attach proof of amount paid: enter zero if not applicable.)

\$ _____

Subtotal income of owner(s) and spouse(s) [#9 minus #10] \$ _____

"Local Option Only"

11. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which the property is located (see instructions #11), complete the following:

(a) Medical and prescription drug costs; \$ _____

(b) Subtract amount of (a) paid or reimbursed by insurance: \$ _____

(c) Unreimbursed amount of (a) (attach proof of expenses and reimbursement, if any; enter zero if option not available): \$ _____

Subtotal income of owner (s) and spouse (s) [#10 minus #11 (c)] \$ _____

"Local Option Only"

12. If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located (see instruction #12), complete the following:

Veteran's disability compensation received (attach proof, enter zero if not applicable) \$ _____

Total income of owner(s) and spouse(s) [11(c) minus 12] \$ _____

13. Did owner or spouse file a federal or New York State Income Tax return for the preceding year?

Yes No If answer is YES, attach copy of such return or returns.
(See instruction #13.)

14. Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades K through 12? Yes No

If Yes, show name and location of school(s): _____

If Yes, was the child (or were the children) brought into the residence in whole or in substantial part for the purpose of attending a particular school within the school district? Yes No

I certify that all statements made on this application are true and correct to the best of my belief and 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 application filed _____

Exemption applies to taxes levied by or for:

- Proof of age submitted
- Proof of ownership submitted
- Application approved
- Application disapproved

- Town _____ %
- County _____ %
- School _____ %
- Village _____ %

Assessor's signature

Date