

Department of Taxation and Finance Office of Real Property Tax Services RP-467-Rnw

Renewal Application for Partial Tax Exemption for Real Property of Senior Citizens

To be filed with your local assessor by taxable status date.

Do not file this form with the Office of Real Property Tax Services.

This form may only be used to apply for the partial tax exemption for real property of senior citizens. It may **not** be used to apply for the Enhanced STAR exemption, which is a separate exemption.

Name of applicant(s)						
Mailing address (number and street or PO box)	Location of property (street address)					
City, village, or post office State ZIP code	City, village, or post office State ZIP code					
Daytime contact number	Evening contact number					
Email address (optional)	School district					
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 abandonment by spouse); or c use of residence for other than residential purposes (store, office, farm, etc.). d Children of owners, tenants or leaseholders living on the premises attending public school grades pre-K-12; if so, give the natural discription of the school or schools, and 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. Mark an X in the box if there has been no change in items a, b, c, and d above						
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3 Did the owner or spouse file a federal or New York Sta	ate income tax return for the preceding year?					

(continued)

	Names of owner(s) and spouse(s)		m RP-467, for income to be included. Source of income			t of annual income
	Training Street, and Special Co.					
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	4a Total income of owner(s) and spouse(s) (add	all income sources)		4a		
	4b Of the income on line 4a, how much, if any,	was used to pay for an owne	r's care in a			
	residential health care facility? Attach proof c	of amount paid; enter 0 if not	applicable	4b		
	4c Subtract line 4b from line 4a		· .	4c		
	If a deduction for unreimbursed medical and pres		•			
,	any of the municipalities in which property is loca complete the following:					
	5a Unreimbursed medical and prescription drug reimbursed by insurance)			5a		
	5b Subtotal income of owner(s) and spouse(s)	(line 4c minus line 5a)		5b		
6	If a deduction for veteran's disability compensation which the property is located, complete the following		e municipalities			
	Veteran's disability compensation received. Att		icable	6		
,	Total income of owner(s) and spouse(s) (line 5b	subtotal minus line 6)		7		
3	Certification I (we) certify that all statements made on this app any willful false statement of material fact will be fine of not more than \$100.	olication are true and correct grounds for disqualification f	to the best of my (rom further exemp	our) t	pelief. I (v or a perio	ve) understand that d of five years, and
	Signature (If more than one owner, all must sign)	Marital status	Phone nu	ımbe	r	Date
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			· · · · · · · · · · · · · · · · · · ·			
	This Ar	rea for Assessor's U	lse Only 👤			
			Disapproved			
at	te renewal application filed	Approved	Dicappiored _	-		
				·····	% Г	7
	emption applies to taxes levied by or for:	City/Town	% County		%	
xε			% County		%	