Department of Taxation and Finance
Office of Real Property Tax Services

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

**RP-467**
(7/16)

If you received a STAR exemption on this property for the 2015-16 school year, this application will also serve as an application for the Enhanced STAR exemption. If not, you may be eligible for the Enhanced STAR credit, which is provided in the form of a check. To receive an Enhanced STAR check, you must register for it. For more information, visit *www.tax.ny.gov/star* or call (518) 457-2036.

For help completing this application, see Form RP-467-I, *Instructions for Form RP-467*. You must file this application with your local assessor by the taxable status date. Do **not** file this form with the Office of Real Property Tax Services.

| | | |
|---|---|---|
| **1** Name(s) of owner(s) | | |
| **2** Mailing address of owner(s) *(number and street or PO box)* | | **3** Location of property *(street address)* |
| City, village, or post office State ZIP code | | City, town, or village State ZIP code |
| Daytime contact number | Evening contact number | School district |
| E-mail address | | Tax map number of section/block/lot: Property identification *(see tax bill or assessment roll)* |
| Name(s) of any non-owner spouse(s) | | |
| Address(es) of primary residence(s) if different from above: | | |

**4** Indicate which documents you included with this application as proof of age of owners *(see instructions)*:

☐ Birth certificate ☐ Baptismal certificate ☐ Other (specify) _____

**5** Date you acquired ownership of property *(see instructions)*: _____

**6** Indicate document included with application as proof of ownership *(see instructions)*:

☐ 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** List the income of each owner and spouse of each owner for the calendar year immediately preceding date of application. Attach additional sheets if necessary. *(See instructions for income to be included.)*

| Name of owner(s) | Source of income | Amount of income |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**9a** **Total** income of owner(s) ..... **9a**

| Name of spouse(s) if not owner of property | Source of income of spouse(s) | Amount of income of spouse(s) |
|---|---|---|
| | | |
| | | |
| | | |

**9b** **Total** income of spouse(s) ..... **9b**

**9c** **Total** income of owner(s) and spouse(s) (add line 9a and line 9b) ..... **9c**

**10** Of the income specified in line 9c how much, if any, was used to pay for an owner's care in a residential health care facility? Attach proof of amount paid: enter ***0*** if not applicable. *(see instructions)* ..... **10**

**10a** **Total** income of owner(s) and spouse(s) (subtract line 10 from line 9c) ..... **10a**

## 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), complete the following:~~

~~**11a** Medical and prescription drug costs ..... **11a**~~

~~**11b** Amount of line 11a paid or reimbursed by insurance ..... **11b**~~

~~**11c** Unreimbursed amount of line 11a (subtract line 11b from line 11a). Attach proof of expenses and reimbursement, if any; enter ***0*** if option not available. ..... **11c**~~

~~**11d** **Total** income of owner(s) and spouse(s) (subtract line 11c from line 10a) ..... **11d**~~

## 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, complete the following *(see instructions)*:

**12a** Veteran's disability compensation received (attach proof, enter ***0*** if not applicable) ..... **12a**

**12b** **Total** income of owner(s) and spouse(s) (subtract line 12a from line 11d) ..... **12b**

**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 instructions)*.

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

If *Yes*, list 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 (we) certify that all statements made on this application are true and correct to the best of my (our) belief and I (we) 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 number** | **Date** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## *This Area for Assessor's Use Only*

Date application filed _____

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

Exemption applies to taxes levied by or for:

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

| Assessor's signature | Date |
|---|---|
| | |