



APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF PERSONS WITH DISABILITIES AND LIMITED INCOMES

APPLICATION MUST BE FILED WITH YOUR LOCAL ASSESSOR BY TAXABLE STATUS DATE

Do not file this form with the State Board of Real Property Services.

General information and instructions for completing this form are contained in RP-459-c-Ins

1. Name and telephone no. of owner(s)

2. Mailing address of owner(s)

Day No. ()
Evening No. ()
E-mail address (optional)

Mailing address lines

3. Location of property (see instructions):

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

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot

4. Description of nature of applicant's physical or mental impairment which currently substantially limits one or more major life activities (e.g. walking)

- 5. Indicate documents submitted with application as proof of disability (See instruction #5)
Award letter from Social Security Administration of entitlement to social security disability insurance (SSDI) or supplemental security income (SSI)
Award letter from Railroad Retirement Board of entitlement to railroad retirement disability benefits
Certificate from State Commission for the Blind and Visually handicapped stating that applicant is legally blind
Award letter from United States Postal Service certifying disability pension

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 reside on the premises? Yes No
If answer to question 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.

8. Is any portion of the property used for other than residential purposes (farming, commercial, vacant land, 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 resident spouse of each owner for the calendar year immediately preceding date of application MUST be set forth on next page (attach additional sheets if necessary). See instruction #9 for income to be included. (NOTE: Income does NOT include gifts, inheritances or a return of capital.)

Table with 3 columns: Name of owner(s), Source of income, Amount of income

Name of resident 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.) \$ _____

(#9 minus #10) \$ _____

11. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which 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): \$ _____

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

12. Did the 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 #12.)

13. 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.

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 disability submitted	Town <input type="checkbox"/>
_____ Proof of ownership submitted	County <input type="checkbox"/>
_____ Application approved	School <input type="checkbox"/>
_____ Application disapproved	Village <input type="checkbox"/>

 Assessor's signature

 Date