



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

RENEWAL 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 Office of Real Property Tax 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)
Additional Contact Information REQUIRED
Name Phone #
Relationship
E-mail (optional)

- 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 previous application as proof of disability unless proof of permanent disability was submitted in a previous year.

- Proof of permanent disability submitted in previous year
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
Award letter from United States Department of Veterans Affairs certifying disability pension

- 6. Do all the owners of the property presently reside on the premises?
If answer to 6 is No, is an owner receiving medical care as an in-patient in a residential health care facility?
If answer is Yes, specify name and location of the facility

- 7. Is any portion of the property used for other than residential purposes (farming, commercial, vacant land, professional office, etc.)?
If answer is Yes, explain such use and describe the portion that is so used.

- 8. 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).

Name of owner(s) DO NOT FILL IN	Source of income DO NOT FILL IN	Amount of income DO NOT FILL IN
_____	_____	_____
_____	_____	_____
_____	_____	_____

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) \$ _____

9. Of the income specified in #8 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 zero if not applicable.) \$ _____
(#8 minus #9) \$ _____

10. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located complete the following:

(a) Medical and prescription drug costs: \$ NOT APPLICABLE

(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) [#9 minus #10 (c)] \$ _____

11. 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.

12. 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 the 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:

- | | | |
|--|----------------------------------|---------------------------------|
| <input type="checkbox"/> Application approved | <input type="checkbox"/> Town | <input type="checkbox"/> School |
| <input type="checkbox"/> Application disapproved | <input type="checkbox"/> Village | <input type="checkbox"/> County |

_____ Assessor's signature	_____ Date
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