

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 <u>not</u> 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) _____ Day No. ()_____ _____ Evening No. () 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? Yes No
 If answer to 6 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
- 7. 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.
- 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).

RP-459-c-Rnw (9/09)

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)
 S	ubtotal income of owner(s) and spouse(s	;) \$
 Of the income specified in #8 how muc owner's care in a residential health care (Attach proof of amount paid: enter zer (#8 minus #9) 	e facility?	\$ \$
 10. If a deduction for unreimbursed medic is authorized by any of the municipali complete the following: (a) Medical and prescription d (b) Subtract amount of (a) paid (c) Unreimbursed amount of (a) 	ties in which property is located rug costs;	\$\$\$
Total income of owner (s) and spouse (s)) [#9 minus #10 (c)]	\$
	or New York State Income Tax return for s, attach copy of such return or returns.	the preceding year?
 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):		
-	dren) brought into the residence in whole of ol within the school district?	or in substantial part for the No
I certify that all the statements made o	n this application are true and correct.	
Signature (If more than one owner, all must sign.)	Marital Status Phone No	o. Date
SPACE BELOW FOR USE OF ASSESSOR Date application filed Exemption applies to taxes levied by or for:		
 Application approved Application disapproved 	Town Village	School County

2