



Application for Partial Tax Exemption for
Real Property of Senior Citizens

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.

Form with fields: Name(s) of owner(s), Mailing address of owner(s), Location of property, City, village, or post office, State, ZIP code, Daytime contact number, Evening contact number, School district, Email address, Tax map number of section/block/lot, Name(s) of any non-owner spouse(s), Address(es) of primary residence(s) if different from above.

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

Driver license [ ] Birth certificate [ ] Other (specify) [ ]

2 Date you acquired ownership of property (see instructions):

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

Deed [ ] Other (specify) [ ]

4 Do all the owners of the property presently occupy the premises as their legal primary residence? Yes [ ] No [ ]

If Yes, skip to line 5.

4a Is an owner receiving medical care as an inpatient in a residential health care facility? Yes [ ] No [ ]

If Yes, list the name and location of the facility.

4b Is the non-resident owner the spouse or former spouse of the resident owner? Yes [ ] No [ ]

If No, skip to line 5.

4c Are they absent from the residence due to divorce, legal separation, or abandonment? Yes [ ] No [ ]

5 Is any portion of the property used for purposes other than residential, such as commercial, or

professional offices? Yes [ ] No [ ]

If Yes, explain such use and describe the portion that is so used.

6 List the income of each owner and spouse of each owner for the applicable income tax year. Attach additional sheets if necessary. (See instructions to determine the applicable income tax year and the income to be included.)

A Name of owner(s)	B Source of income	C Amount of income
6a Total income of owner(s) (add column C) .....		6a

A Name of spouse(s) if not owner of property	B Source of income of spouse(s)	C Amount of income of spouse(s)
6b Total income of spouse(s) (add column C) .....		6b
6c Total income of owner(s) and spouse(s) (add lines 6a and line 6b) .....		6c

7a Of the income specified in line 6c 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) .....

7a	
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7b Total income of owner(s) and spouse(s) (subtract line 7a from line 6c) .....

7b	
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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:

8a Unreimbursed medical and prescription drug costs (deduct any amounts reimbursed by insurance) .....

8a	
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8b Total income of owner(s) and spouse(s) (subtract line 8a from line 7b) .....

8b	
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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):

9a Veteran's disability compensation received (attach proof; enter 0 if not applicable) .....

9a	
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9b Total income of owner(s) and spouse(s) (subtract line 9a from line 8b) .....

9b	
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10 Did the owner or spouse file a federal or New York State income tax return for the applicable income tax year? (see instructions to determine the applicable income tax year) ..... Yes  No

If Yes, attach copy of such return or returns (if you do not have a copy, see instructions).

11 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, complete lines 11a and 11b.

11a List the name and location of each school: \_\_\_\_\_

11b 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

**For Assessor's Use Only**

Date application filed \_\_\_\_\_

Exemption applies to taxes levied by or for:

Action on application: Approved  Disapproved

Proof of age submitted

Town \_\_\_\_\_ %

Proof of ownership submitted

County \_\_\_\_\_ %

Proof of income submitted

School \_\_\_\_\_ %

Village \_\_\_\_\_ %

City \_\_\_\_\_ %

Assessor's name <i>(print)</i>	
Assessor's signature	Date