

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

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 address (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 of more major life activities (e.g. walking)				
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 				
	Award letter from United States Department of Veterans Affairs certifying disability pension				
6.	Indicate document submitted with application as proof of ownership (See instruction #6): Deed				
7.	Do all the owners of the property presently occupy the premises as their legal residence? 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 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.)

RP-459-c (9/09)

2

Name of owner(s)	Source of inc	come	Amount of income	
Name of spouse(s) if not owner of property	Source of inco of spouse(:		Amount of income of spouse(s)	
Subtotal incom	e of owner(s) and spou	se(s) \$		
10. Of the income specified in #9 how much owner's care in a residential health care (Attach proof of amount paid: enter zero (#9 minus #10)	facility? (See instruct			
 11. If a deduction for unreimbursed medica authorized by any of the municipalities (see instructions #11), complete the following (a) Medical and prescription dru (b) Subtract amount of (a) paid (c) Unreimbursed amount of (a) reimbursement, if any; enter Total income of owner (s) and spouse (c) 12. Did the owner or spouse file a federal of Yes No If answer is Yes, at 13. Does a child (or children), including the school, grades K through 12? Yes If Yes, show name and location of school 	in which property is lo lowing: g costs; or reimbursed by insura (attach proof of expens zero if option not availas) [#10 minus #11 (c)] or New York State Incotach copy of such return hose of tenants or less	ses and able): me Tax return for the pen or returns. (See instructions, reside on the properties)	uction #12.) perty and attend a public	
If Yes, was the child (or were the child purpose of attending a particular school			_	
I certify that all statements made on this ap				
Signature (If more than one owner, all must sign.)	Marital Status	Phone No.	Date	
SPACE	BELOW FOR USE O	of Assessor ——		
Date application filed		Exemption applies	s to taxes levied by or for	
	olication disapproved of of ownership submit	County School	☐ Town ☐ Village	
Assessor's signature		Date		