



Town of Huntington
100 Main Street
Huntington, NY 11743
(631)-351-3226

2017-2018 PERSONS WITH DISABILITIES AND LIMITED INCOME
PROPERTY TAX EXEMPTION APPLICATION
(APPLICATION MUST BE FILED NO LATER THAN MARCH 1, 2017)

Name: _____ Property Address: _____

City _____ State _____ Phone _____

Tax Map Number: _____
 District _____ Section _____ Block _____ Lot _____

Description of Applicant's Disability: _____

Proof of Ownership: (Indicate ALL documents that apply and submit them with this application. Co-op owners must submit a copy of the Certificate of Shares.)

- Deed Current Tax Bill Copy of Will with *certificate of Letters Testamentary* Entire Trust (*If property is in a trust*)

(If any owner appearing on any proof of ownership or the spouse of any owner is deceased, a Death Certificate must be submitted.)

Proof of Disability: (Notice of award letter **MUST** be submitted with this application.)

- Letter from Social Security Administration of entitlement to SSDI or SSI.
 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.
 Letter from United States Postal Service certifying disability pension.

Proof of Legal (Primary) Residency: (Indicate documents submitted for ALL owners.)

- Valid Driver's License New York State Identification Card

- a. Do all owners presently reside on the property? Yes No
- b. Is the non-resident owner absent from the residence due to divorce, legal separation or abandonment? Yes No
 Please explain: _____
- c. Is an owner receiving medical care as an inpatient in a health care facility? Yes Date admitted: _____ No

List the address(es) of ALL additional real estate you own, either entirely or in part. (Attach additional sheets, if necessary.)

Names of ALL (including tenants) living in the household	Ages	Rent/Contribution to household per month



Does a child (or children), including those of tenants, reside on the property and attend school, grades K-to 12?

Yes No

Name of school(s) _____

Note: If children attend a private/parochial school, a letter from the school is required.

STATEMENT OF INCOME

ALL pages of the 2016 Federal and State Income Tax Returns with ALL Schedules must be submitted with this application. If you are not required to file a return, you may be required to submit a copy of the last return filed.

SOURCES OF INCOME OF ALL OWNERS	AMOUNT
Social Security - Applicant (A copy of SSA - 1099 for 2016)	
Social Security - Spouse (A copy of SSA - 1099 for 2016)	
Salary or Wages (W-2's, 1099's self-employment)	
Taxable and Non -Taxable Interest (ALL 1099's - INT & year-end statements for non-taxable interest)	
Taxable and Non -Taxable Dividends (ALL 1099's - DIV & year-end statements for non-taxable dividends)	
Alimony and/or Child Support Payments	
Business Income (Schedule C, S-Corp Tax Return with K-1 or Partnership return)	
Capital Gains (Include tax deferred capital gains distributions statements)	
IRA Earnings From ALL IRA's (ALL pages of the year-end statement 1/1/16 – 12/31/16)	
Pension/Annuity/Retirement Plans (1099R Statements, including non-taxable Pensions)	
Rental Income (Received from ALL properties)	
Unemployment	
Disability/Worker's Compensation	
Income from Estates or Trusts (Estate or Trust Tax Return)	
Money contributed by others living in the house towards maintenance, support or expenses	
VA and/or VA Disability Pension (Award letter)	
Other sources of income	
TOTAL OF ALL INCOME	\$

UN-REIMBURSED MEDICAL EXPENSES

***ALL SUPPORTING DOCUMENTS, AS LISTED, MUST BE SUBMITTED OR THE AMOUNT ENTERED WILL NOT BE DEDUCTED. CANCELLED CHECKS WILL NOT BE ACCEPTED AS PROOF.**

PLEASE CHECK BOX AND SUBMIT COPIES OF PAYMENTS	AMOUNT
<input type="checkbox"/> Medicare Premium	
<input type="checkbox"/> Health insurance (A letter from the insurance company stating amount paid for 2016)	
<input type="checkbox"/> Medical Expenses (Printout from the Doctors for the year)	
<input type="checkbox"/> Prescription Drugs (Printouts from pharmacies for the year, 1/1/16 – 12/31/16. ALL pages.)	
<input type="checkbox"/> Prescription eyeglasses (Receipts showing amount paid)	
<input type="checkbox"/> Dental Expenses (A statement showing date, work done and amount paid)	
<input type="checkbox"/> Letter from residential health care facility stating date of admission, date of discharge and un-reimbursed expenses for owner's care	
TOTAL UN-REIMBURSED MEDICAL EXPENSES	\$



CERTIFICATION (*ALL owners must sign*)

I (We) certify that all of the above information made on this application is true and correct and the property listed above is my (our) **legal primary residence**. I (We) understand it is my (our) obligation to provide any documentation of eligibility that is requested and to notify the assessor if I (we) relocate to another primary residence. I (We) understand that any willfully false statements of fact will be grounds for disqualification from further exemption for a period of five years and a fine as set forth by New York State Real Property Tax Law 459-c.

Signature	Marital Status	Date
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Signature	Marital Status	Date
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(If signed by POA a copy of the Power of Attorney must be submitted with this application.)

APPLICATION INSTRUCTIONS

1. Fill out application completely.
2. The name on the Deed or Shares must correspond with the name on the application.
3. Submit **COPIES** of **ALL** proof of information as required by this application and the checklist below.
4. Submit this signed, completed, original application with **ALL PHOTOCOPIES** of the required documents to the Assessor's Office on or before the taxable status date of **MARCH 1, 2017**.

PLEASE USE THIS LIST AS A GUIDE TO ASSIST YOU IN PROVIDING THE REQUIRED DOCUMENTS.

- PROOF OF OWNERSHIP.** A deed or current tax bill, certificate of shares (*if you live in a coop*).
- A COPY OF THE ENTIRE TRUST.** (*If your property is in a Trust, you must be the sole beneficiary during your lifetime.*)
- A COPY OF THE DEATH CERTIFICATE.** (*If one of the owners on the deed is deceased or their spouse is deceased.*)
- A COPY OF DIVORCE OR LEGAL SEPARATION PAPERS, ALL PAGES.** (*If applicant is divorced or legally separated.*)
- A COPY OF THE WILL with certificate of Letters Testamentary.** (*If the sole owner on the Deed is deceased.*)
- PROOF OF DISABILITY.** A copy of one of the required award letters.
- PROOF OF PRIMARY RESIDENCE.** A valid driver's license or a New York State resident card. All proof of residency must show the current address.
- A COPY OF YOUR 2016 FEDERAL AND STATE INCOME TAX RETURN, ALL PAGES.** If you are married and file separately, both returns must be submitted.
- A COPY OF BUSINESS TAX RETURN.** (*S-Corp, Partnership, Trust or Estate Income Tax Returns.*)
- IRA'S.** (*ALL year-end statements for ALL IRA'S even if no distribution is taken.*)
- SOCIAL SECURITY AWARD LETTER.**
- PRINTOUTS FROM DOCTORS/DENTISTS/PHARMACIES FOR UN-REIMBURSED MEDICAL EXPENSES.** (*Cancelled checks WILL NOT be accepted.*)
- A LETTER FROM YOUR HEALTH INSURANCE COMPANY STATING THE AMOUNT YOU PAID IN 2016.**



**2017-2018 PERSONS WITH DISABILITIES AND LIMITED
INCOME PROPERTY TAX EXEMPTION APPLICATION**

**INCOME FOR 2016 MUST BE LESS THAN \$37,400 (THIS
INCLUDES ALL INCOME, BOTH TAXABLE AND NON-
TAXABLE).**

**THE ORIGINAL COMPLETED AND SIGNED
APPLICATION WITH ALL SUPPORTING
DOCUMENTATION MUST BE RETURNED TO THE
ASSESSOR'S OFFICE NO LATER THAN MARCH 1, 2017.**

**AN INCOMPLETE APPLICATION IS GROUNDS
FOR A DENIAL.**

