



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

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

Property Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Tax Map Number:

District \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Description of Applicant's Disability: \_\_\_\_\_

**Proof of Disability:** *(Indicate documents submitted with previous application.)*

- Proof of permanent disability submitted in previous year.
- 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.

**Legal (Primary) Residency:**

- 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 <i>(including tenants)</i> 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 – 12/31/17)	
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	
<b>TOTAL OF ALL INCOME</b>	<b>\$</b>

**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	
<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	
<b>TOTAL UN-REIMBURSED MEDICAL EXPENSES</b>	<b>\$</b>



**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.

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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.**

- A COPY OF THE ENTIRE TRUST.** (*If ownership of your property has transferred to 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 YOUR 2015 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.*)
- 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 RENEWAL APPLICATION**  
**PERSONS WITH DISABILITIES AND LIMITED INCOME**  
**PROPERTY TAX EXEMPTION**

**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.**

