



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

2017-2018 SENIOR CITIZENS PROPERTY TAX EXEMPTION APPLICATION
PERSONS WHO QUALIFY FOR THE SENIOR EXEMPTION WILL ALSO BE DEEMED ELIGIBLE FOR THE
ENHANCED STAR EXEMPTION (RP-425)
(APPLICATION MUST BE FILED NO LATER THAN MARCH 1, 2017)

Name: _____ Property Address: _____

City _____ State _____ Phone _____

Tax Map Number:

District _____ Section _____ Block _____ Lot _____

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 **OR** 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 Age: *(Indicate documents submitted for ALL owners.)*

- Birth Certificate Baptismal Certificate Passport Letter from Social Security

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 from 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 Part B and Part D	
<input type="checkbox"/> Secondary 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	\$



2017-2018 SENIOR CITIZENS 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.

