RP 459-C

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

RECEIVED
Place date stamp here

2026-2027 PERSONS WITH DISABILITIES AND LIMITED INCOME PROPERTY TAX EXEMPTION APPLICATION

THE ORIGINAL COMPLETED AND SIGNED APPLICATION ALONG WITH COPIES OF ALL SUPPORTING DOCUMENTATION MUST BE RETURNED TO THE ASSESSOR'S OFFICE NO LATER THAN MARCH 1, 2026.

INCOME FOR 2024 MUST BE LESS THAN $58,400 (BOTH TAXABLE AND NON-TAXABLE).

Owner/Spouses	Marital Status	Mailing Address	Date of Birth

Property Address:_____City:_____State:_____

Zip Code:_____ Phone:_____Email: _____

Tax Map Number: District:_____Section :_____Block:_____Lot:_____

3rd Party Mailing Address: (optional)_____

1. Describe the nature of your physical or mental impairment which currently substantially limits one or more major life activities, such as walking_____

   _____

2. **Proof of Ownership**:

   ☐ Copy of Deed or Current Tax Bill ☐ Copy of entire Trust (***If property is in a trust***)

   (If an owner or the spouse of an owner is deceased, a copy of the Death Certificate must be submitted.)

3. **Proof of Age**: (Copy of one of the following must be provided for **EACH** applicant/spouse)

   ☐ NYS Driver's License or Non-Driver ID ☐ Birth Certificate ☐ Passport

4. **Proof of Disability:** (Copy of 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.
   ☐ Award letter from U.S. Department of Veterans Affairs certifying 100% disability compensation.

5. **Proof of Primary Residency:** (Copy of one of the following must be provided for **EACH** applicant/spouse)

☐ NYS Driver's License or Non-Driver ID ☐ Car Registration ☐ Voter Registration Card

a. Do all owners presently reside on the property? ☐ Yes ☐ No

b. If No, is the non-resident owner absent from the residence due to divorce, legal separation or abandonment?

☐ Yes ☐ No *(If divorced or legally separated, copy of the Divorce Decree or Separation Agreement must be submitted)*

Please explain*:* _____

c. Is an owner receiving medical care as an inpatient in a residential health care facility? ☐ Yes ☐ No

If Yes, provide name and location of facility, date of admittance, and date of anticipated return home.

_____

d. Do you or any owners or spouses own additional property, either entirely or in part, in or outside New York State?

☐ Yes ☐ No

If Yes, list the complete addresses of additional property and attach most recent tax bill as proof*.*

_____

_____

e. Do you or any owners or spouses claim this additional property as your primary residence and/or receive any exemptions on said property?

☐ Yes ☐ No

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

☐ Yes ☐ No

Name of school(s) _____

g. Is any portion of the property used for purposes other than residential (i.e. farming, commercial, vacant land, professional offices)?

☐ Yes ☐ No

If yes, describe the use and the portion that is used in that matter. Attach 8829 form, if applicable.

_____

6. Proof of Income Tax Filing:

Did owners or spouses file a Federal Income Tax Return in 2024?

☐ Yes Attach full copies of all pages and schedules from your Federal Income Tax Return. If you are married and file separately, both returns must be submitted. For self-electronically filed tax return please provide confirmation page

☐ No You must complete the RP 459-c Income Worksheet on Page 4 of this application, and attach proof of all income including 1099's, SSA, INT, DIV, workers comp, rental or business income, monthly contributions to the property **AND in addition to completing the Worksheet on page 4 of this application, you must provide an IRS Transcript (4506 T) which can be requested:**

- Online at https://www.irs.gov/individuals/get-transcript. The transcript can be printed at home.
- Calling the IRS automated phone line at 800-908-9946 and a copy will be mailed to you.
- Mailing the request to: **Internal Revenue Service, Ravis Team, Stop 6705 S-Kansas City, MO 64999**

If mailing the request, complete the 4506-T attached as follows: Fill out lines 1a, 1b, 2a, 2b (if previously filing jointly), and 3. Check the box on line 8. Fill in the date on line 9 with **12/31/2024.** Check the box under the Signature of Taxpayers at the bottom of the form. Sign and date the form.

Do not mail the IRS transcript (4506-T) to our office. Do NOT mail this application to the IRS.

7. Unreimbursed Medical Expenses:
Provide copies of all out-of-pocket **unreimbursed expenses** (reports/account summaries, etc.) from doctors, dentists and pharmacies paid in the year 2024 to be submitted along with this application. Cancelled checks will not be accepted as proof of payment. Vitamins, supplies, and non-prescription drugs bought over the counter do not qualify as unreimbursed medical.

CERTIFICATION (***ALL OWNERS AND SPOUSES 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**
Signature	**Marital Status**	**Date**
Signature	**Marital Status**	**Date**

If signed by Power of Attorney, a copy of the Power of Attorney document must be submitted with this application.

FOR ASSESSORS USE ONLY

Date application filed: _____

☐ Proof of Age submitted
☐ Proof of ownership submitted
☐ Proof of income submitted
☐ Application approved
☐ Application denied

ASSESSOR SIGNATURE _____

Exemptions applies to taxes levied by or for:

☐ County_____%
☐ School_____%
☐ Village_____%
☐ City_____%
☐ Town_____%

DATE:_____

NON-INCOME TAX FILER 459-c WORKSHEET

STATEMENT OF INCOME

REPORT ALL 2024 INCOME FOR ALL OWNERS AND/OR SPOUSES (unless legally separated/divorced spouse is an owner but not living in the home). Enter the amounts below that would have been reported if you were required to file a federal or state Income Tax Return rounded to the nearest dollar. To round to the nearest dollar, drop amounts that are less than $.50 (i.e. $1.39 becomes $1.00) or increase amounts that $.50 or more to the next dollar (i.e. $2.50 becomes $3.00).

SOURCES OF 2024 INCOME OF ALL OWNERS AND SPOUSES WHO ARE NOT OWNERS	AMOUNT
Combined total Wages, Salaries and Tips (*Attach W-2's)*	
Combine total Interest Income and Dividends (*1099 INT/1099 DIV)*	
Combined Unemployment Compensation (*1099 G)*	
Combined total IRA distributions (*Attach all forms 1099-R***)**	
Combined Total Pensions and Annuities other than IRA's (*Attach all forms 1099-R***)**	
Combined Total Social Security Benefits (*Attach form SSA 1099*)	
Combined Other Income (*i.e. Rents, Workers Compensation, etc.)*	
Describe other income: (*Attach proof*)_____	
TOTAL OF ALL INCOME	**$**

Certification

I (we) certify that all of the above information is correct and that I am (we are) not required to file a federal income tax return.

All owner(s) and their spouse(s) must sign and date below.

Signature	**Date**
Signature	**Date**