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

RENEWAL 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 not 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)

    _____

    _____

    Day No. ( ) _____
    Evening No. ( ) _____

2. Mailing address of owner(s)

    _____

    _____

    _____

    E-mail (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 or
    more major life activities (e.g. walking) _____

5. Indicate documents submitted with previous application as proof of disability unless proof of <u>permanent</u>
    disability was submitted in a previous year.

    ☐   Proof of permanent disability submitted in previous year
    ☐   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. Do all the owners of the property presently reside on the premises? ☐ Yes   ☐ No
    If answer to 6 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 _____
    _____

7. 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. _____
    _____

8. Income of each owner and resident 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).

Name of owner(s)	Source of income	Amount of income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subtotal income of owner(s) and spouse(s) $_____

9. Of the income specified in #8 how much, if any, was used to pay for an owner's care in a residential health care facility?
   (Attach proof of amount paid: enter zero if not applicable.) $_____

   (#8 minus #9) $_____

10. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located complete the following:
    (a) Medical and prescription drug costs; $_____
    (b) Subtract amount of (a) paid or reimbursed by insurance: $_____
    (c) Unreimbursed amount of (a) (attach proof of expenses and reimbursement, if any; enter zero if option not available): $_____

Total income of owner (s) and spouse (s) [#9 minus #10 (c)] $_____

11. Did the owner or spouse file a federal or New York State Income Tax return for the preceding year?
    ☐ Yes ☐ No   If answer is Yes, attach copy of such return or returns.

12. Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades K through 12? ☐ Yes ☐ No
    If Yes, show name and location of school(s): _____

    If Yes, was the child (or were the children) brought into the residence in whole or in substantial part for the purpose of attending a particular school within the school district? ☐ Yes ☐ No

    I certify that all the statements made on this application are true and correct.

Signature (If more than one owner, all must sign.)	**Marital Status**	**Phone No.**	**Date**
_____	_____	_____	_____
_____	_____	_____	_____

SPACE BELOW FOR USE OF ASSESSOR

Date application filed _____   Exemption applies to taxes levied by or for:

☐ Application approved   ☐ Town   ☐ School
☐ Application disapproved   ☐ Village   ☐ County

_____   _____
Assessor's signature   Date