RP 467-Rnw

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

2027-2028 RENEWAL OF SENIOR CITIZENS 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, 2027.

INCOME FOR 2025 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. **Proof of Primary Residency:** Has the ownership of the property changed since you filed your last application?

   ☐ Yes ☐ No

   If yes, explain the change and provide copies of the documentation, such as a deed, trust, or death certificate.

   _____

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

b. 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.

_____

_____

c. 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) _____

d. 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.

_____

2. 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.

_____

_____

a. 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

If Yes, list all the exemption(s) below:

_____

3. **Proof of Income Tax Filing:**

Did owners or spouses file a Federal Income Tax Return in 2025?

☐ Yes Attach full copies of all pages and schedules from your Federal Income Tax Return including 1099s, SSA, INT, DIV, Pension statement, Workers Comp, rental or business income. 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 467 Income Worksheet on Page 4 of this application**, and attach proof of all income including 1099s, SSA, INT, DIV, Pension statement, 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 **12/31/2025.** 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.

4. **Unreimbursed Medical Expenses:**
Provide copies of all out-of-pocket **unreimbursed expenses** (paid receipts, reports/account summaries, etc.) from doctors, dentists and pharmacies paid in the year 2025 to be submitted along with this application. Cancelled checks and credit card statements 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 467.

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 467 WORKSHEET

TO BE COMPLETED ONLY IF YOU DO NOT FILE A TAX RETURN

STATEMENT OF INCOME

REPORT ALL 2025 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 2025 INCOME OF ALL OWNERS AND SPOUSES WHO ARE NOT OWNERS	AMOUNT
Combined total Wages, Salaries and Tips (*Attach W-2s)*	
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 IRAs (*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**
Signature	**Date**