

SLI (Renewal) Worksheet

Use this Worksheet to answer Questions 4a & 5a. Include information for all owners and non-owner spouses.

PLEASE CHECK APPLICABLE BOXES AND SUBMIT COPIES OF ALL STATEMENTS/WRITTEN EVIDENCE FOR THE FOLLOWING SOURCES OF INCOME	AMOUNT
<input type="checkbox"/> Social Security - Applicant (A copy of SSA - 1099 for 2021)	
<input type="checkbox"/> Social Security - Spouse (A copy of SSA - 1099 for 2021)	
<input type="checkbox"/> Salary or Wages (W-2's, 1099's from self-employment)	
<input type="checkbox"/> Taxable and Non -Taxable Interest (ALL 1099's - INT & year-end statements for non-taxable interest)	
<input type="checkbox"/> Taxable and Non -Taxable Dividends (ALL 1099's - DIV & year-end statements for non-taxable dividends)	
<input type="checkbox"/> Alimony and/or Child Support Payments	
<input type="checkbox"/> Business Income (Schedule C, S-Corp Tax Return with K-1 or Partnership return)	
<input type="checkbox"/> Capital Gains (Include tax deferred capital gains distributions statements)	
<input type="checkbox"/> IRA Earnings From ALL IRA's (ALL pages of the year-end statement 1/1/21 – 12/31/21)	
<input type="checkbox"/> Pension/Annuity/Retirement Plans (1099R Statements, including non-taxable Pensions)	
<input type="checkbox"/> Net Rental Income (Received from ALL properties)	
<input type="checkbox"/> Unemployment	
<input type="checkbox"/> Disability/Worker's Compensation	
<input type="checkbox"/> Veteran's Disability Payments	
<input type="checkbox"/> Income from Estates or Trusts (Estate or Trust Tax Return)	
<input type="checkbox"/> Money contributed by others living in the house towards maintenance, support or expenses	
<input type="checkbox"/> Other sources of Income (Please Explain)	
TOTAL INCOME TO BE INCLUDED ON LINE 4a	\$

PLEASE CHECK BOX AND SUBMIT COPIES OF PAYMENTS *Receipts for ALL unreimbursed medical expenses, must include patients name, medical service provided, date of service, amount paid and date paid. <u>CANCELLED CHECKS WILL NOT BE ACCEPTED AS PROOF</u>	AMOUNT
<input type="checkbox"/> Medicare	
<input type="checkbox"/> Health insurance (A letter from the insurance company stating amount paid for 2021*).	
<input type="checkbox"/> Medical Expenses (Printout from the Doctors for the year*)	
<input type="checkbox"/> Prescription Drugs (Printouts from pharmacies for the year, 1/1/21 – 12/31/21. 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	
QUESTION 8a	\$
TOTAL UN-REIMBURSED MEDICAL EXPENSES	\$

***INCOME FOR 2021 MUST BE LESS THAN \$37,400 FOR TOWN OF HUNTINGTON EXEMPTION AND \$58,400 FOR SUFFOLK COUNTY EXEMPTION (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, 2023**

***AN INCOMPLETE APPLICATION IS GROUNDS FOR DENIAL**