

Department of Taxation and Finance  
Office of Real Property Tax Services



# Application for Partial Tax Exemption for Real Property of Senior Citizens

# RP-467

For help completing this application, see Form RP-467-I, *Instructions for Form RP-467*. You must file this application with your local assessor by the taxable status date. Do **not** file this form with the Office of Real Property Tax Services.

This form may only be used to apply for the partial tax exemption for real property of senior citizens.

**It may not be used to apply for the Enhanced STAR exemption, which is a separate exemption.**

TAX MAP #:

Name(s) of owner(s)					
Mailing address of owner(s) (number and street or PO box)			Location of property (street address)		
City, village, or post office		State	ZIP code		
City, town, or village		State	ZIP code		
Daytime contact number		Evening contact number		School district	
E-mail address			Tax map number or section/block/lot: Property identification (see tax bill or assessment roll)		
Name(s) of any non-owner spouse(s)					
Address(es) of primary residence(s) if different from above:					

1 Indicate which documents you included with this application as proof of age of owners (see instructions):

Driver license     Birth certificate     Other (specify) \_\_\_\_\_

2 Date you acquired ownership of property (see instructions): \_\_\_\_\_

3 Indicate document included with application as proof of ownership (see instructions):

Deed     Other (specify) \_\_\_\_\_

4 Do all the owners of the property presently occupy the premises as their legal primary residence? ..... Yes  No

4a If the answer to 4 is No, is an owner receiving medical care as an in-patient in a residential health care facility? ..... Yes  No

4b If the answer to 4a is Yes, specify name and location of the facility: \_\_\_\_\_

4c If the answer to 4 is No, is the non-resident owner the spouse or former spouse of the resident owner? .... Yes  No

4d If the answer to 4c is Yes, is he or she absent from the residence due to divorce, legal separation, or abandonment? ..... Yes  No

5 Is any portion of the property used for other than residential purposes (commercial, professional office, etc.)? .... Yes  No

5a If answer is Yes, explain such use and describe the portion that is so used. \_\_\_\_\_

LAST NAME:

6 List the income of each owner and spouse of each owner for the applicable income tax year. Attach additional sheets if necessary.  
(See instructions to determine the applicable income tax year and the income to be included.)

Name of owner(s)	Source of income	Amount of income
<b>6a Total income of owner(s)</b> .....	<b>6a</b>	

Name of spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)
<b>6b Total income of spouse(s)</b> .....	<b>6b</b>	
<b>6c Total income of owner(s) and spouse(s)</b> (add line 6a and line 6b) .....	<b>6c</b>	

7 Of the income specified in line 6c 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 0 if not applicable.  
(see instructions) .....

<b>7</b>	
<b>7a Total income of owner(s) and spouse(s)</b> (subtract line 7 from line 6c) .....	<b>7a</b>

8 If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which the property is located (see instructions), complete the following:

**8a** Unreimbursed medical and prescription drug costs (deduct any amounts reimbursed by insurance). .....

<b>8a</b>	
<b>8b Total income of owner(s) and spouse(s)</b> (subtract line 8a from line 7a) .....	<b>8b</b>

9 If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located, complete the following (see instructions):

**9a** Veteran's disability compensation received (attach proof, enter 0 if not applicable) .....

<b>9a</b>	
<b>9b Total income of owner(s) and spouse(s)</b> (subtract line 9a from line 8b) .....	<b>9b</b>

10 Did the owner or spouse file a federal or New York State income tax return for the applicable income tax year?  
(see instructions to determine the applicable income tax year)..... Yes  No   
If answer is Yes, attach copy of such return or returns (if you do not have a copy, see instructions).

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

Yes  No

**11a** If the answer to 11 is Yes, list name and location of school(s): \_\_\_\_\_

**11b** If the answer to 11 is 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

**Worker's Compensation, Non-Taxable Interest, and Non-Taxable Pensions are considered income.**

- 1. Are you receiving Worker's Compensation? YES ( ) NO ( )
- 2. Are you receiving Non-Taxable Interest or Pension? YES ( ) NO ( )
- 3. Are you receiving Unemployment Insurance? YES ( ) NO ( )
- 4. Are you receiving Veteran's Disability payments? YES ( ) NO ( )

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief and I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, and a fine of not more than \$100.

Signature (If more than one owner, all must sign)	Marital status	Phone number	Date

***This Area for Assessor's Use Only***

Date application filed \_\_\_\_\_

Exemption applies to taxes levied by or for:

- Proof of age submitted
- Proof of ownership submitted
- Proof of income submitted
- Application approved
- Application disapproved

- Town \_\_\_\_\_ %
- County \_\_\_\_\_ %
- School \_\_\_\_\_ %
- Village \_\_\_\_\_ %
- City \_\_\_\_\_ %

Assessor's signature	Date
----------------------	------

Property Class : \_\_\_\_\_  
Res % Y N \_\_\_\_\_ %