



Application for Partial Tax Exemption for Real Property of Senior Citizens

If you received a STAR exemption on this property for the 2015-16 school year, this application will also serve as an application for the Enhanced STAR exemption. If not, you may be eligible for the Enhanced STAR credit, which is provided in the form of a check. To receive an Enhanced STAR check, you must register for it. For more information, visit www.tax.ny.gov/star or call (518) 457-2036.

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.

Form with fields for: 1 Name(s) of owner(s), 2 Mailing address of owner(s), 3 Location of property, City, village, or post office, State, ZIP code, Daytime contact number, Evening contact number, School district, E-mail address, Tax map number of section/block/lot, Name(s) of any non-owner spouse(s), Address(es) of primary residence(s) if different from above.

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

- Birth certificate, Baptismal certificate, Other (specify)

5 Date you acquired ownership of property (see instructions):

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

- Deed, Mortgage, Other (specify)

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

If the answer to 7 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:

If answer to 7 is No, is the non-resident owner the spouse or former spouse of the resident owner and is he or she absent from the residence due to divorce, legal separation or abandonment? Yes No

If answer is No, explain.

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

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

9 List the income of each owner and spouse of each owner for the calendar year immediately preceding date of application. Attach additional sheets if necessary. (See instructions for income to be included.)

Name of owner(s)	Source of income	Amount of income
9a Total income of owner(s)		9a

Name of spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)
9b Total income of spouse(s)		9b
9c Total income of owner(s) and spouse(s) (add line 9a and line 9b)		9c

10 Of the income specified in line 9c 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)

10	
10a Total income of owner(s) and spouse(s) (subtract line 10 from line 9c)	10a

Local option only

11 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:

11a Medical and prescription drug costs	11a
11b Amount of line 11a paid or reimbursed by insurance	11b
11c Unreimbursed amount of line 11a (subtract line 11b from line 11a). Attach proof of expenses and reimbursement, if any; enter 0 if option not available.	11c
11d Total income of owner(s) and spouse(s) (subtract line 11c from line 10a)	11d

Local option only

12 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):

12a Veteran's disability compensation received (attach proof, enter 0 if not applicable)	12a
12b Total income of owner(s) and spouse(s) (subtract line 12a from line 11d)	12b

13 Did 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 (see instructions).

14 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
If Yes, list 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 (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 _____ %

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