



Application for Partial Tax Exemption for Real Property of Senior Citizens

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.

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	
Email address			Tax map number of 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
If Yes, skip to line 5.

4a Is an owner receiving medical care as an inpatient in a residential health care facility? Yes No
If Yes, list the name and location of the facility.

4b Is the non-resident owner the spouse or former spouse of the resident owner? Yes No
If No, skip to line 5.

4c Are they absent from the residence due to divorce, legal separation, or abandonment? Yes No

5 Is any portion of the property used for purposes other than residential, such as commercial, or
professional offices? Yes No
If Yes, explain such use and describe the portion that is so used.

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*.)

A Name of owner(s)	B Source of income	C Amount of income

6a Total income of owner(s) (add column C)

6a

A Name of spouse(s) if not owner of property	B Source of income of spouse(s)	C Amount of income of spouse(s)

6b Total income of spouse(s) (add column C)

6b

6c Total income of owner(s) and spouse(s) (add lines 6a and line 6b)

6c

7a 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*)

7a

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

7b

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).

8a

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

8b

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)

9a

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

9b

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 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
If Yes, complete lines 11a and 11b.

11a List the name and location of each school:

11b 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

For Assessor's Use Only

Date application filed _____

Exemption applies to taxes levied by or for:

Action on application: Approved Disapproved

Proof of age submitted

Town _____ %

Proof of ownership submitted

County _____ %

Proof of income submitted

School _____ %

Village _____ %

City _____ %

Assessor's name (print)

Assessor's signature

Date