

NYS BOARD OF REAL PROPERTY SERVICES

**APPLICATION FOR PARTIAL TAX EXEMPTION  
FOR REAL PROPERTY OF SENIOR CITIZENS AND  
FOR ENHANCED SCHOOL  
TAX RELIEF (STAR) EXEMPTION**

RP-467(9/02)

NOTE: General information and instructions for completing this form are contained in RP-467-INS

Persons who qualify for the senior citizen exemption are also deemed eligible for the enhanced school tax relief (STAR) exemption; no separate application for the STAR exemption (RP-425) need be filed. Application must be filed with your local assessor by taxable status date. Do **NOT** file this form with the State Board of Real Property Services.

**1. Name and telephone number of owner(s)**

**2. Mailing address of owner(s)**

\_\_\_\_\_

\_\_\_\_\_

Day Number ( ) \_\_\_\_\_

\_\_\_\_\_

Evening Number ( ) \_\_\_\_\_

\_\_\_\_\_

**3. Location of property**

Street Address \_\_\_\_\_

Village (if any) \_\_\_\_\_

City/Town \_\_\_\_\_

School District \_\_\_\_\_

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot \_\_\_\_\_

4. Indicate documents submitted with application as proof of age of owners (See instruction #4):

\_\_\_\_\_ Birth Certificate          \_\_\_\_\_ Baptismal Certificate          \_\_\_\_\_ Other (specify)

5. Date applicant(s) acquired ownership of property (see instruction #5): \_\_\_\_\_

6. Indicate document submitted with application as proof of ownership (See instruction #6):

\_\_\_\_\_ Deed          \_\_\_\_\_ Mortgage          \_\_\_\_\_ Other (specify)

7. Do all the owners of the property presently reside on the premises? \_\_\_\_\_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 the answer to 7 is NO, is the non-resident owner the spouse or former spouse of the resident owner who is absent from the resident 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 (farming, commercial, vacant land, professional office, etc.)? \_\_\_\_\_Yes          \_\_\_\_\_No

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

9. Income of each owner and resident spouse of each owner for the calendar year immediately preceding date of application MUST be set forth. (Attach additional sheets if necessary: see instruction #9 for income to be included.

Name of owner(s)	Source of income	Amount of income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Name of resident spouse(s) if not owner of property	Source of Income of spouse(s)	Amount of income of spouse(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Subtotal income of owner(s) and spouse(s)** \$ \_\_\_\_\_

10. Of the income specified in #9 how much, if any, was used to pay for an owner's care in a residential health care facility? (See instruction #10) (Attach proof of amount paid: enter zero if not applicable.) \$ \_\_\_\_\_

**Subtotal income of owner(s) and spouse(s) [#9 minus #10]**

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 #11), complete the following: \$ \_\_\_\_\_

(a) Medical and prescription drug costs; \$ \_\_\_\_\_

(b) Subtract amount of (a) paid or reimbursed by insurance: \$ \_\_\_\_\_

(c) Unreimbursed amount of (a) (attach proof of expenses and reimbursement, if any; enter zero if option not available): \$ \_\_\_\_\_

**Subtotal income of owner(s) and spouse(s) [#10 minus #11 (c)]**

12. If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located (see instruction #12), complete the following: Veteran's disability compensation received (attach proof, enter zero if not applicable) \$ \_\_\_\_\_

**Total income of owner(s) and spouse(s) 11 (c) minus 12]** \$ \_\_\_\_\_

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 instruction #12.)

RP-467(9/02)

14. Does a child (or children), including those of tenants or leasees, reside on the property and attend a public school, grades K through 12? \_\_\_\_\_Yes \_\_\_\_\_No

If answer is YES, show name and location of schools: \_\_\_\_\_

\_\_\_\_\_

I certify that all statements made on this application are true and correct to the best of my belief and I 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 No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SPACE BELOW FOR USE OF ASSESSOR**

Date application filed _____		Exemption applies to taxes levied by or for:	
_____ Proof of age submitted	<input type="checkbox"/> Town	_____ %	
_____ Proof of ownership submitted	<input type="checkbox"/> County	_____ %	
_____ Application approved	<input type="checkbox"/> School	_____ %	
_____ Application disapproved	<input type="checkbox"/> Village	_____ %	

\_\_\_\_\_  
Assessor's Signature

\_\_\_\_\_  
Date