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

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

Persons who qualify for the senior citizens 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 no. of owner(s)                                   2. Mailing address of owner(s)
______________________________________________________________
Day No. (   )_________________________________________________________________
Evening No. (   )_________________________________________________________________

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 answer to 7 is NO, is the non-resident owner the spouse or former spouse of the resident owner who is 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 (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.)

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<th>Name of owner(s)</th>
<th>Source of income</th>
<th>Amount of income</th>
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<tr>
<th>Name of resident spouse(s) if not owner of property</th>
<th>Source of income of spouse(s)</th>
<th>Amount of income of spouse(s)</th>
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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.)

14. Does a child (or children), including those of tenants or lessees, 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.

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<th>Signature</th>
<th>Marital Status</th>
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<td>(If more than one owner, all must sign)</td>
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**SPACE BELOW FOR USE OF ASSESSOR**

Date application filed ____________________  Exemption applies to taxes levied by or for:

    ______Proof of age submitted  □ Town  _____%
    ______Proof of ownership submitted □ County  _____%
    ______Application approved  □ School  _____%
    ______Application disapproved □ Village  _____%

_____________________________  _______________________
Assessor’s signature                 Date