

IMPORTANT: DEADLINE TO RENEW IS MAY 1, 2016, NO EXCEPTIONS

**Renewal Application For Partial Tax Exemption for Real Property of Senior Citizens
(And for Enhanced School Tax Relief (STAR) Exemption)**

Even if your income exceeds the \$37,399 limit, it is IMPORTANT that you return this completed application along with the supporting income documentation because you **MAY** be entitled to the Enhanced STAR Exemption

Owner Telephone Number(s): _____ **Date:** _____

Day No. _____

Evening No. _____

Email Address: _____

Please be sure to provide your contact information above (phone / email), in case we have any questions.

Owner Name and Mailing Address: _____ **1. Property Location:** _____

You must read Section 2 (a) - (d) carefully.

- 2. Since filing your application last year, fully describe in the lines below any changes in:
 - a. title to the property (due to death, addition or deletion of owner);
 - b. legal residence or occupancy of the property (e.g. confinement of owner in hospital or nursing home, divorce, legal separation or abandonment by spouse); or
 - c. use of residence for other than residential purpose (store, office, farm, etc.).
 - d. State whether any children of owners, **tenants** or leaseholders living on the premises attend public school grades K-12, and, if so, give the name and location of the school or schools. If a child or children attending public school grade K-12 are living on the premises, state whether such child or children were brought into the property in whole or in substantial part for the purpose of attending a particular school within the school district.

Please answer this question: ARE THERE ANY CHILDREN (including grandchildren or tenants' children) ATTENDING PUBLIC SCHOOLS (K-12) RESIDING AT YOUR PREMISES? Yes No

___ Check here if there has been **no change** in items, **a, b, c and d** above. Please explain any changes that have occurred as indicated in Question #2 (attach additional sheets if necessary).

Please sign here to acknowledge that you have read ALL of Section 2: X _____

3. **Did the owner or spouse file a federal or New York State income tax return for the preceding year? ___ Yes ___ No If YES, attach a copy of the return(s).**

4.a. The income of each owner and spouse of each owner for the calendar year immediately preceding the date of application must be set forth on following page, except for an owner who is absent from the residence due to divorce, legal separation or abandonment. Attach additional sheets if necessary. Income does **NOT** include gifts, inheritances, a return of capital, proceeds of a reverse mortgage (although interest or dividends realized from the investment of such proceeds are income), reparation payments to victims of Nazi persecution or monies earned through employment in the Federal Foster Grandparent Program. Note that if your income exceeds the locally applicable income ceiling, your application will be considered for enhanced STAR purposes. However, if you have not submitted income information for the year required for enhanced STAR purposes, you may need to submit form RP-425.

You **MUST** complete the enclosed *2015 Income Statement (required) AND Residential Rental Income Worksheet (if applicable)* and ATTACH COPIES OF the **ENTIRE 2015 FEDERAL INCOME TAX RETURN(s) FOR ALL OWNERS / ALL pages, schedules, and supporting documentation** (including, but not limited to, ALL W-2's, Social Security Statements, 1099's, 1099-DIV, 1099-R's, **AND** proof of non-taxable income [if any]). If you do not file a tax return, ALL OWNERS' SUPPORTING documents that would be required to file a tax return must be submitted. **YOU MUST ALSO SUBMIT ALL YEAR END IRA STATEMENTS IN ADDITION TO THE IRA 1099's.** *SEE INCOME STATEMENT Worksheet for a COMPLETE LISTING of the SOURCES OF INCOME*. **The total 2015 income all sources (all owners) including FULL SOCIAL SECURITY AND PENSION, IRA EARNINGS, AND non taxable income, but not counting any IRA DISTRIBUTIONS cannot exceed \$37,399.**

IS ANY OF YOUR PROPERTY RENTED to a tenant OR family member? Yes No

Name of owner(s)	Source of income	Amount of income
_____	_____	_____

****Please complete enclosed income statement/worksheet.****

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

****Please complete enclosed income statement/worksheet.****

4.b. Subtotal of income of owner(s) and spouse(s) \$ Assessor's Office to Calculate

4.c. Of the income in 4.b., how much, if any, was used to pay for an owner's care in a residential health care facility? Please attach proof of amount paid: **enter zero if not applicable.** \$ _____

4.d. [(4.b.) minus (4.c.)] \$ Assessor's Office to Calculate

4.e. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located (contact assessor for information), complete the following:

- (i) Medical and prescription drug costs; \$ NOT APPLICABLE
- (ii) Subtract amount of (i) paid or reimbursed by insurance: \$ NOT APPLICABLE
- (iii) Unreimbursed amount of (i) (attach proof of expenses and reimbursement, if any; enter zero if option not available): \$ NOT APPLICABLE

Subtotal income of owner(s) and spouse(s) [4.d. minus 4.e.(iii)] \$ NOT APPLICABLE

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

Total income of owner(s) and spouse(s) [4.e. minus 4.f.] \$ NOT APPLICABLE

5. **Certification**

I certify that all statements made on this application are true and correct to the best of my belief. 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.

Please don't forget to complete, sign, date and add birth dates below (if more than one owner, all must sign):

Signature	Marital Status	Phone No.	Today's Date	Birth Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE: If a Life Estate/ Trust, **ONLY** provide signature(s) & birth date(s) of primary owner(s).

Additional Contact (i.e. son, daughter, etc.) [name, phone number, email address]:

Email Address (if any): _____

IMPORTANT: DEADLINE TO APPLY IS MAY 1ST, NO EXCEPTIONS.

We recommend that you file by April 1st OR as soon as your tax return is prepared.

Please return completed application, statement of income and supporting documentation to:

*** Town of Rye Assessor's Office * 222 Grace Church St. Suite 303 ***

*** Port Chester NY 10573 * 914-939-3566 * [Fax] 914-939-8926 ***

LOCATION: Please note we are on the **3rd Floor** of the **Port Chester Village Hall**.

If you come to our office, when you exit the elevator, **make a right.**

SPACE BELOW FOR USE BY ASSESSOR

Date renewal application filed: _____ Application approved _____ Application disapproved _____

Exemption Applies to Taxes Levied by or for:

____ Town	_____ %
____ County	_____ %
____ School	_____ %
____ Village	_____ %

Assessor's signature

Date