

**IMPORTANT: DEADLINE TO APPLY IS MAY 1ST, 2016 NO EXCEPTIONS**

**Town of Rye Assessor's Office**

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

Owner Telephone Number(s): \_\_\_\_\_ Date: \_\_\_\_\_  
 Day No. \_\_\_\_\_  
 Evening No. \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Owner Name and Mailing Address:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT NOTE: General information & instructions for completing this form are found in *RP-467-Ins.*  
Along with this application, please submit: *Proof of Age (SEE #4 BELOW).* **PLEASE PAY CLOSE ATTENTION TO ITEMS THAT ARE BOLDED.****

Persons who qualify for the senior citizens exemption are also deemed eligible for enhanced school tax relief (STAR) exemption. No separate application for the STAR exemption (RP-425) need be filed unless the assessor cannot determine eligibility for enhanced STAR based on this application. Application must be filed with your local assessor by taxable status date (MAY 1st). Do not file this form with the Office of Real Property Tax Services.

**4. Indicate documents submitted with application as proof of age of owners.**

Birth certificate  Baptismal certificate  *Driver's License*  Other (Specify)

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

6. Indicate document submitted with application as proof of ownership: **\*Not Required Unless Requested\***

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 facility. \_\_\_\_\_

\_\_\_\_\_  
 If the 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 (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 spouse of each owner for 2015 (the calendar year immediately preceding date of application) must be disclosed. The total 2015 income (all sources [for all owners] including FULL Social Security & Pension, IRA EARNINGS, AND non taxable income, but not counting any IRA distributions) cannot exceed \$37,399.**

**PROOF OF 2015 INCOME OF ALL OWNERS MUST BE PROVIDED**

<u>Name of owner(s)</u>	<u>Source of income</u>	<u>Amount of income</u>
<u>Name of spouse(s) if not owner of property</u>	<u>Source of income of spouse(s)</u>	<u>Amount of income of spouse(s)</u>

**\*\*Please complete the above information on the enclosed income statement/worksheet.\*\***

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.**

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

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.**) \$ \_\_\_\_\_

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 instruction #11), complete the following: \$ **Not Applicable**

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: \$ **Not Applicable**

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.**

**YOU MUST ANSWER THESE QUESTIONS:**

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? **THIS INCLUDES GRANDCHILDREN.**  Yes  No

If Yes, show name and location of school(s) [**THIS WILL BE VERIFIED WITH THE SCHOOL DISTRICT, REGARDLESS**]:

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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 certify that all statements made on this application (and any attachments) 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.

(If more than one owner, all must sign--**PLEASE DO NOT FORGET TO SIGN AND DATE.**)

Signature	Marital Status	Birth Date	Phone No.	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Email Address: \_\_\_\_\_

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***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 \****

**Town of Rye ~ Office of the Assessor**

222 Grace Church Street  
 Port Chester, NY 10573  
 (914) -939-3566

**Income Statement - for Calendar Year 2015**

**FILING DEADLINE IS MAY 1st, 2016**

Section-Block-Lot: \_\_\_\_\_  
 Name of Owner(s): \_\_\_\_\_  
 Property Address: \_\_\_\_\_

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, etc., AND proof of non-taxable income [if any]) must be submitted. 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.

Source of Income		Check Applicable Boxes	Owner #1 (Dollar Amt is <u>Required</u> )	Owner #2 (Dollar Amt is <u>Required</u> )	Owner #3 (Dollar Amt is <u>Required</u> )
1	Social Security (Gross Amount)				
2	Salary or Wages (and bonuses, if any)				
3	Bank Account Interest				
4	Dividends				
5	<b>Non-taxable</b> Interest on US Savings Bonds & Treasury Notes, and State and Local Bonds				
6	Earning (Dividend/Interest on IRAs)				
	Please list individual names & account numbers of <b>ALL</b> IRAs (even if no distribution was taken) Example: "Met Life Acct. 1234567"				
	IRA:				
	IRA:				
	Do you have any IRA(s) for which you are NOT taken any distributions? If yes list above & supply year end earnings.				
7	<b>Pensions:</b> Monies received from governmental or private retirement				
8	Annuity Payments				
9	Net Capital Gains				
10	Gains from Sales or Exchanges				
11	Net Income from Estates or Trusts				
12	Net earnings from Business Profession				
13	Net <b>RENT</b> (plus current depreciation) <b>Please complete rental income worksheet on reverse</b> if no income tax return is filed.				
14	Alimony or Support Income				
15	Disability Payments ( <b>Including VETERAN's</b> )				
16	Worker's Compensation				
17	Unemployment Insurance				
18	Other Income				
		<b>TOTAL</b>			

**BY signing below, I/we certify that all statements made on this application are true and correct.**

X \_\_\_\_\_ Date: \_\_\_\_\_  
 X \_\_\_\_\_ Date: \_\_\_\_\_  
 X \_\_\_\_\_ Date: \_\_\_\_\_

[ALL owners must sign.  
If necessary, use addt'l form]

The total 2015 income from all sources (and all owners) including FULL SOCIAL SECURITY AND PENSION, IRA EARNINGS, AND non taxable income, but not counting any IRA DISTRIBUTIONS) cannot exceed \$37,399.

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