



FINANCE
NEW • YORK

NEW YORK CITY DEPARTMENT OF FINANCE PROPERTY DIVISION

APPLICATION FOR PARTIAL EXEMPTION FROM REAL ESTATE TAXATION FOR PROPERTY OF DISABLED HOMEOWNERS

OFFICE USE ONLY	B: _____	B: _____	L: _____
	APARTMENT #: _____		
	BC: _____ TC: _____		
	OWNER'S NAME: _____		

Dear Taxpayer:

The New York City Department of Finance is pleased to offer a reduction in real estate taxes to property owners who have a disability, an annual income below \$28,900, and who own and reside in one-, two-, or three-family homes, condominium units, or cooperative apartments.

Eligible property owners may apply for the exemption between July 15 and March 15 in order to qualify for benefits that are reflected in their annual real estate tax bill. Exemption applications may be filed by mail, or in person with the Assessment Office in the borough where your property is located.

Due to a recent change in the law, eligibility has now been expanded to include recipients of a United States Postal Service disability pension. For more details about this program, please read the eligibility requirements and instructions provided below.

Sincerely yours,

Rudolph W. Giuliani
Mayor

ELIGIBILITY REQUIREMENTS

THE FOLLOWING IS INTENDED TO SERVE ONLY AS A GUIDE IN DETERMINING YOUR ELIGIBILITY FOR AN EXEMPTION. ALL SUBMITTED APPLICATIONS ARE SUBJECT TO REVIEW IN ACCORDANCE WITH SECTION 459(C) OF THE NYS REAL PROPERTY TAX LAW.

- ◆ If the property is owned by more than one person, all owners must qualify for the exemption. However, if the property is owned by a husband, wife, or both, or by siblings, only one needs to have a disability as defined by this law.
- ◆ You must be the owner of the property as of January 5 (the legal taxable status date for New York City) prior to the tax year in which benefits will begin.
- ◆ The property must be the legal residence of the disabled applicant, except where the disabled person is absent from the residence while receiving health-related care as an inpatient of a residential care facility.
- ◆ The property must be either a 1-, 2- or 3-family home, co-op apartment or condominium unit. If commercial space exists, then only the residential portion may qualify for an exemption.
- ◆ For purposes of this exemption, a person with a disability is one who has a physical or mental impairment which is not due to the current use of alcohol or illegal drugs. The disability must substantially limit the person's ability to perform one or more of life's major activities. Examples of major life activities are caring for oneself, walking, seeing, hearing, speaking, breathing, learning and working.

- ◆ The person with the disability must have one of the following:
 - social security disability insurance (SSDI) or supplemental security income (SSI) benefits under the Federal Social Security Act; or
 - railroad retirement disability benefits under the Federal Railroad Retirement Act; or
 - disability pension from the US Postal Service; or
 - a certificate from the State Commission for the Blind and Visually Handicapped stating that the applicant is legally blind.
- ◆ The income must be limited by reason of such disability. Combined income for *all* owners from *all* sources must be less than \$28,900*, including Social Security Income and allowing for a deduction of documented medical and/or prescription expenses not reimbursed or not paid for by insurance.
- ◆ If the property has other partial exemptions, such as that granted to veterans or the clergy, the property can still be eligible for this exemption. If the property has a Senior Citizen Homeowners Exemption (SCHE), it is not eligible for the Disabled Homeowners exemption. If the property has a 421a, 421b or 421g exemption, it is not eligible for this exemption unless an official waiver of the SCHE, 421a, 421b or 421g exemption is signed.
- ◆ Applications must be submitted between the period of July 15 through March 15.
- ◆ If, a child resides on the property and attends a public elementary or secondary school, grades kindergarten through twelve, then the exemption shall apply only to the general municipal portion of taxes and not to the portion that is budgeted for school purposes.

NOTE: Cooperative shareholders living in one of the following types of housing **are not** eligible for this exemption: Mitchell-Lamas, Redevelopment housing, Housing Development Fund Companies (HDFC's), and in housing under NYC's Department of Housing Preservation and Development's (HPD) Division of Alternative Management Program (DAMP). These cooperative shareholders, who are also aged 62 years or older, with an annual family income below \$20,000, **are only** eligible for benefits under the Senior Citizen Rent Increase Program (SCRIE). For more information, call HPD at (212) 863-8494. Shareholders living in housing which in the past was, or is currently, subject to a mortgage insured by the federal government under Section 213 of the National Housing Act, may receive SCHE provided all other qualifications are met. In such instances, the shareholder **can not** receive more than one of the following benefits: SCHE, SCRIE, or Disabled Homeowners Exemption. For further information, please call your borough Assessment Offices listed on page 3 of this booklet.

* Income threshold subject to change.

CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

Avoid a delay in the processing of your application. Check (✓) to make sure that you do the following before submitting your application to the Property Division:

- Read the requirements to make sure you are eligible.
- File this application between July 15 and March 15 only.
- Complete the application in its entirety.
- Have all property owners and spouses of owners applying for the exemption sign the application.
- Have a non-relative witness the signatures.
- List a telephone number where you can be reached and the name and daytime telephone number of a relative or friend.
- Cooperative apartment owners, have an officer of the co-op board complete the certification, Section 4 on page 6.

Attach the following:

- Copy of most recent deed, (recorded or unrecorded) or if co-op owner, you **must** submit copy of the page(s) of your proprietary lease, which shows the names of the grantor and grantee and the number of shares in your unit. If a propi-

etary lease is unavailable, you must submit a copy of your stock certificate, (front and back), showing the names of all owners.

- Copy of award letter from the Social Security Administration or the Railroad Retirement Board or the US Postal Service or a certificate from the State Commission for the Blind and Visually Handicapped.
- Copy of death certificate, when one of the individuals listed on the deed/proprietary lease is deceased.
- Copy of marriage certificate.
- Proof of income for the last calendar year prior to applying, such as:
 - ◆ copy of complete federal income tax return for the preceding calendar year, including all schedules;
 - ◆ copy of Social Security statement;
 - ◆ copy of pension fund statement;
 - ◆ copy of IRA distribution.
- Copies of bills, receipts and insurance company statements fully documenting your claimed deductions for unreimbursed medical and/or unreimbursed prescription expenses not reimbursed, or not paid for by insurance, including charges not covered due to a deductible provision of your insurance coverage, for the last calendar year prior to applying.

S P E C I F I C I N S T R U C T I O N S

SECTION 1 - OWNERSHIP/PERSONAL INFORMATION

Question 1 - OWNER(S) OF PROPERTY

List all owners appearing on the deed/proprietary lease and living spouses, Social Security Numbers and dates of birth. (*Attach a separate sheet, if necessary.*)

Question 4 - PERSONAL STATUS

Check the box that applies to the applicant's legal status. If any applicant is married, widowed, legally separated or divorced, attach proof of legal status, such as a copy of a marriage certificate, death certificate, separation decree or divorce settlement.

Question 5 - DEED/PROPRIETARY LEASE STATUS

Check the box that describes the deed/proprietary lease status.

Joint tenants refers to joint ownership with the right to automatic succession to the title upon death of one owner.

Tenants in Common refers to ownership by 2 or more persons each of whom has an undivided fractional interest in the whole of the property without the right to survivorship.

Life Estate refers to a title held during the term of the owner's life and which terminates upon death.

Trust refers to a relationship in which an independent party (trustee) holds legal title to property for the beneficiaries of the trust who hold the equitable title during the life of the trust.

SECTION 2 - INCOME STATEMENT FOR THE LAST CALENDAR YEAR

If you attach a copy of your federal return, you do not have to complete this section unless you did not itemize medical and prescription expenses which you wish to claim for this exemption.

Income is the combined income of all owners. If either the husband or the wife has title, include the combined income of both spouses. Income includes, but is not limited to, Social Security and retirement benefits, interest, dividends, IRA distributions, capital gains, net rental income, salary or earnings and net income from self-employment. Income also includes all monies received

from any foreign holdings, including but not limited to securities, interest from bank accounts, sale of real estate and income from businesses. Do not include gifts and inheritances or money earned through employment in the federal Foster Grandparent Program.

SECTION 3 - INCOME-PRODUCING PROPERTY

If part of your residence is rented or if you own other income-producing property, complete this section or attach a copy of Schedule E, Supplemental Income & Loss from your federal tax return.

On page 5, question 3, enter the whole dollar amount of the gross income from the property and the various expenses for the entire building. If you have more than one rental property, attach a separate Income and Expense Statement. On the line for major repairs, include items such as roofing, windows, plumbing and electric wiring.

RENEWAL

If your exemption is approved, annual applications are not necessary as long as the renewal notice (to be sent to you by mail) is completed and returned by the closing date. Renewal notices are sent every year. Please be advised that failure to file a renewal form in a timely or accurate manner will result in the revocation of the exemption.

CHANGE OF OWNERSHIP

You must notify the Borough Assessment Office in writing of any change in the ownership. If available, you should also include the name of the party to whom the property was sold and their telephone number.

WHEN AND WHERE TO FILE

You must file this application with all required documents between July 15 and March 15. If filing by mail, the application must be postmarked by March 15.

Mail or bring your application to the Assessment Office in the borough in which the property is located. The addresses are listed below.

MANHATTAN

1 Centre Street Rm. 910 New York, NY 10007
(212) 669-4896

BRONX

1932 Arthur Avenue Rm. 701 Bronx, NY 10457
(718) 579-6879

BROOKLYN

210 Joralemon St. Rm. 200 Brooklyn, NY 11201
(718) 802-3560

QUEENS

144-06 94th Ave., 2nd Floor, Jamaica, NY 11435
(718) 298-7099

STATEN ISLAND

350 St. Marks Place, Staten Island, NY 10301
(718) 815-8511

NEED HELP ?

IF YOU NEED HELP IN COMPLETING THIS FORM, VISIT OR CALL ANY OF THE BOROUGH OFFICES LISTED ABOVE.

The Department of Finance is pleased to offer the following customer service initiative to provide an applicant with proof of filing. Upon receipt of an application, the department will time-stamp a copy of the application.

Please note that the department can only provide this service when a copy is provided by the applicant. Where an application has been mailed, a self-addressed stamped envelope must also be provided in addition to the copy.

All applicants are strongly encouraged to retain for their personal records a copy of all applications, documents and renewal forms that are submitted to department offices.

O F F I C E U S E O N L Y

Approved..... Denied..... Reason: _____ Reviewer: _____ Date: _____

SECTION 1 - OWNERSHIP / PERSONAL INFORMATION

1. Borough: _____ Block: _____ Lot: _____
 Address of Property: _____ Zip Code: _____

2. Type of residence (check one):
 1-, 2-, 3-FAMILY HOME CONDOMINIUM UNIT COOPERATIVE APARTMENT - unit number: _____

3.	Applicant/Owner Name	Social Security Number	Date of Birth	Daytime Phone Number	Name and Daytime Phone Number of Relative or Friend
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____

4. Personal status (check one) (Attach proof of status) (see instructions):
 SINGLE (includes divorced, unremarried widow or widower) LEGALLY SEPARATED
 MARRIED

5. Deed/proprietary lease status (check one) (see instructions for definitions):
 INDIVIDUAL HUSBAND/WIFE JOINT TENANTS TRUST (Must submit copy of Trust Agreement)
 TENANTS IN COMMON LIFE ESTATE SIBLINGS

6. Is the address the legal and primary residence of **all** of the owners? YES NO
 7. Is any owner now in a nursing home or institution?..... YES NO
 If "YES", state owner's name: _____ Date entered: _____

8. Is any person whose name appears on the deed/proprietary lease deceased?..... YES NO
 If "YES", list name of deceased and attach a photocopy of the death certificate or other proof of death.

9. Description of nature of applicant's physical or mental impairment which substantially limits one or more major life activities (e.g., walking) _____

10. Type of proof of disability you are submitting (check one)
 Award Letter from Federal Social Security Administration of entitlement to social security disability insurance (SSDI) or supplemental security income (SSI).
 Award Letter from Railroad Retirement Board of entitlement to railroad retirement disability benefits.
 Award letter from US Postal Service.
 Certificate from the State Commission for the Blind and Visually Handicapped stating that the applicant is legally blind.

11a. Is any other property owned by the applicants? (If "YES", you must complete Section 3.) YES NO

11b. Is your residence partially rented? (If "YES", you must complete Section 3.) YES NO

12. Is the entire property, listed in item 1 above, used exclusively for residential purposes? YES NO
 If "NO", explain use - Indicate percentage nonresidential: _____

13a. Does the owner(s) or lessee(s) have any children? YES NO

13b. If "YES", do any of them attend either a public elementary or public high school, grades kindergarten through twelve? YES NO

SECTION 2 - INCOME STATEMENT

1. Did any owner have to file a federal income tax return for the last calendar year? YES NO
If "YES", YOU MUST ATTACH A COMPLETE COPY OF THE TAX RETURN INCLUDING ALL SUPPLEMENTARY SCHEDULES.
2. Complete the income statement if any of the following is true: 1) at least one owner of the property did not file a federal income tax return for the last calendar year; or 2) you did not itemize medical and prescription expenses on the federal income tax return which you wish to claim as a deduction against income for this exemption; State **total** income of each applicant. If more space is required, attach an additional statement.

ALL INCOME IS SUBJECT TO VERIFICATION.

3. Income Source for Calendar Year 19 ____	Household Income Amount		
	A - Applicant	B - Spouse	C - Other Applicant
a. Social Security (must attach FSA 1099 statement)			
b. Salary or wages, including part-time employment			
c. Interest			
d. IRA Distribution (DO NOT INCLUDE ROLLOVERS).....			
e. Nontaxable interest on state or local bonds			
f. Dividends.....			
g. Net income of property (from page 6, Section 3)			
h. Capital gains			
i. Gains from sales or exchanges			
j. Net earnings from business or profession			
k. Net income from estates or trusts			
l. Government or private retirement or pension plan payments ..			
m. Alimony or support money			
n. Disability Payments			
o. Workers Compensation			
p. Foreign holdings (REFER TO DEFINITION PROVIDED FOR ON PAGE 3 IN SECTION 2 AND SPECIFY:_____)			
q. Other (specify: _____) ..			
r. TOTAL (add lines a through q)			

4. If any of the applicants have unreimbursed medical and/or unreimbursed prescription drug expenses for the above calendar year, including charges not covered due to a deductible provision of your insurance coverage, enter the total of such expenses for each applicant in the appropriate column below. **ATTACH COPIES OF BILLS, RECEIPTS AND STATEMENTS FROM THE APPLICANT'S INSURANCE CARRIER(S) WHICH DOCUMENT THE TOTAL UNREIMBURSED MEDICAL AND/OR PRESCRIPTION DRUG EXPENSES CLAIMED.**

Unreimbursed medical/prescription expenses	A - Applicant	B - Spouse	C - Other Applicant
a. Medical Expenses:			
b. Prescription Expenses:			
c. Medical Insurance Premiums.....			
d. Total Expenses:			

5. Adjusted Income Total

a. Subtract Line 4d for each applicant from 3r above . This is your total adjusted income. If no deductions are claimed, carry down total from Line 3r			
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TOTAL HOUSEHOLD INCOME (ADD LINE 5A OF COLUMNS A, B AND C)

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