



FINANCE
NEW • YORK

NEW YORK CITY DEPARTMENT OF FINANCE PROPERTY DIVISION

SENIOR CITIZEN HOMEOWNERS (SCHE) PROPERTY TAX EXEMPTION APPLICATION

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

Dear Taxpayer:

The NYC Department of Finance is pleased to offer a reduction in real estate taxes to property owners, aged 65 years or older, with 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. By filing this application, eligible property owners will also automatically receive the Enhanced School-Tax Relief (STAR) exemption.

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 467 OF THE NYS REAL PROPERTY TAX LAW.

- ◆ If you are the sole owner, you must be 65 or older on or before December 31 of the year in which benefits will begin.
- ◆ If you and your spouse are co-owners, *only one* of you must be 65 or older during the calendar year.
- ◆ If the co-owners are brother and sister, *only one* of you must be 65 during the calendar year.
- ◆ If the co-owners are tenants-in-common or are joint tenants *all* must be 65 during the calendar year.
- ◆ The applicant(s) must live in the house, apartment or unit.
- ◆ 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.

- ◆ Owner must have held title to the property for at least 12 consecutive months prior to March 15 of the year when the exemption goes into effect. There are some limited exceptions to the 12-month rule. To hear a recorded list of these exceptions, please call Citytax Dial at (718) 935-6736, message 440.
- ◆ Combined total income for *all* owners from *all* sources must be less than \$28,900*, **including Social Security Income and exclusive of losses** 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 421a, 421b or 421g exemption, you are not eligible for this exemption unless you sign an official waiver of the 421a, 421b or 421g exemption.

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.

NOTE: Eligibility for the SCHE benefit automatically confers eligibility for the enhanced STAR benefit. Enhanced STAR renewal forms will not be mailed to holders of the SCHE benefit.

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

- Proof of age of owner(s), such as:
 - ◆ copy of birth certificate (if applicant's name is different from that on birth certificate, also attach proof of name change);
 - ◆ copy of driver's license;
 - ◆ copy of passport.
- 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 sur-

vivorship.

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 either of the following is true: 1) you did not itemize medical and prescription expenses which you wish to claim for this exemption; 2) you are a recipient of a Veterans Administration disability pension which is excluded from the definition of income 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 lim-

ited to, Social Security and retirement benefits, interest, dividends, IRA distributions, 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 Veteran’s Administration disability pension benefits or 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 6, 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 other 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	Municipal Building One Centre Street , Rm. 910 New York, NY 10007
BROOKLYN	Municipal Building 210 Joralemon Street Room 200 Brooklyn, NY 11201
BRONX	1932 Arthur Avenue Room 701 Bronx, NY 10457
QUEENS	144-06 94th Avenue 2nd Floor Jamaica, NY 11435
STATEN ISLAND	350 St. Marks Place Staten Island, NY 10301

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.

NEED HELP ?

If you need help in completing this form, visit any of the borough offices listed above or call:

- MANHATTAN**(212) 669-4896
- BROOKLYN**(718) 802-3560
- BRONX**(718) 579-6879
- QUEENS**.....(718) 298-7099
- STATEN ISLAND** (718) 815-8511

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.

9a. Does the present deed/proprietary lease to the property indicate ownership of less than 12 months? YES NO

9b. If "YES", indicate address of previous property: _____
 _____ Date of purchase: _____ Date of sale: _____

10a. Is any other property owned by the applicants? (If "YES", you must complete Section 3.)..... YES NO

10b. Is your residence partially rented? (If "YES", you must complete Section 3.) YES NO

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

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; or 3) you are recipient of a Veterans Administration disability pension which is excluded from the definition of 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 (DO NOT INCLUDE VETERANS ADMINISTRATION DISABILITY PENSION)			
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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FINANCE
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NEW YORK CITY DEPARTMENT OF FINANCE

**THIRD PARTY NOTIFICATION FOR
REAL PROPERTY TAXES APPLICATION**

**FORM
EA-923**

CLIP AND RETURN TO NEW YORK CITY DEPARTMENT OF FINANCE, CENTRAL REGISTRATION UNIT, 25 ELM PLACE, 3RD FL., BROOKLYN, NY 11201

Dear Taxpayer:

If you are a senior citizen, aged 65 years or older, or if you suffer from a physical or developmental disability, you may designate an adult third party to receive copies of your real estate tax bills and notices of unpaid taxes.

The New York City Department of Finance is pleased to offer the benefits of the third party notification program to eligible taxpayers free of charge by authority of state law. Although you can apply any time during the year, you must allow at least 60 days for the application to be processed. In order to request that duplicate tax bills and statements of unpaid taxes be mailed to third party designees in time for the July 1st real estate tax billing period, eligible property owners must file a completed application by preceeding April 1st.

For more details, please refer to the eligibility requirements and follow the application instructions provided below.

Sincerely yours,

Rudolph W. Giuliani
Mayor

Under state law, senior citizens and disabled homeowners may designate an adult third party to receive copies of real estate tax bills and notices of unpaid taxes. The law's intent is to help these taxpayers avoid losing their homes for nonpayment of taxes.

WHO IS ELIGIBLE?

Owner-occupants of 1-, 2-, or 3-family residential real property who are either:

- (a) at least 65 years of age, or
- (b) disabled by a physical or mental impairment which substantially limits one or more of their major life activities.

WHEN MUST I APPLY?

You can apply any time during the year, but allow 60 days for the application to be processed. However, if you would like a third party to receive a copy of the July 1st Real Estate Tax bill which is often mailed out in June, please make certain to file your application by April 1.

WHOM MAY I CHOOSE AS MY THIRD PARTY?

Any adult who consents to your designation, such as a friend or a relative.

**HOW DOES A THIRD PARTY
DESIGNEE SHOW CONSENT?**

By signing your application form in the appropriate blank.

MUST I APPLY EACH YEAR?

No. Once you apply, the duplicate notices will be sent to your designee unless you advise the Central Registration Unit (25 Elm Place, 3rd Floor, Brooklyn, NY 11201) that the practice should stop.

HOW DO I APPLY?

Complete Form EA-923 (Request for Mailing of Duplicate Tax Bills or Statements of Unpaid Taxes to a Third Party) and mail it to the following address.

**New York City Department of Finance
Central Registration Unit
25 Elm Place, 3rd Floor
Brooklyn, NY 11201**

**ARE THERE FINANCIAL RISKS INVOLVED IN
AGREEING TO BE A THIRD PARTY DESIGNEE?**

No. Both the law and the form of the duplicate tax bill and notice include a statement advising the third party that he or she is under no legal obligation with respect to the bill or notice.

REQUEST FOR MAILING OF DUPLICATE TAX BILLS OR STATEMENTS OF UNPAID TAXES TO A THIRD PARTY

I request that a duplicate of any tax bill or statement of unpaid taxes with respect to my property as described below be mailed to the person whom I have designated.

In making this request, I understand that neither the tax collecting officer nor any other local government employee has any liability if for any reason the duplicate is not mailed to or not received by my designee.

SECTION 1 - TAXPAYER INFORMATION

Taxpayer Name _____

Mailing Address _____

City & State _____ Zip Code _____

Property Identification (as shown on assessment roll) _____

Tax Billing Address (if different than mailing address) _____

Signature

Date

The Applicant is (check one):

At least 65 years of age **OR** Disabled

SECTION 2 - THIRD PARTY DESIGNEE

Third Party Name _____

Mailing Address _____

City & State _____ Zip Code _____

Telephone _____

Signature

Date

SECTION 3 - PHYSICIAN'S CERTIFICATION OF PHYSICAL OR MENTAL DISABILITY

Taxpayer Name: _____

Office Address: _____

NYS License Number _____ Date of Issue _____

Patient's Name _____

Patient's Address _____

Does patient have a physical or mental impairment which substantially limits one or more major life activities (e.g., walking)? YES NO

I certify that all statements made in this section are true and correct to the best of my knowledge and professional belief.

Signature of Physician

Date