



**THIS APPLICATION MUST  
BE FILED WITH THE TOWN OF  
RAMAPO ASSESSOR ON OR BEFORE  
MARCH 1**

RP-420-a/b-RPW-II (9/08)

**RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION  
FOR NONPROFIT ORGANIZATIONS**

**II - PROPERTY USE**

(See general information and instructions on back form)

1a. Name of Organization \_\_\_\_\_  
\_\_\_\_\_

c. Employer ID No. \_\_\_\_\_  
\_\_\_\_\_

b. Mailing address \_\_\_\_\_

d. Name of contact person \_\_\_\_\_  
Day ( ) Evening ( )  
e. Telephone no. of contact person \_\_\_\_\_

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- \_\_\_\_\_ a. A change has occurred in the ownership of all or part of the property.
- \_\_\_\_\_ b. A change has occurred in the use or uses of the property by the owner.
- \_\_\_\_\_ c. A change has occurred in that all or part of the property is now being offered for sale or lease.
- \_\_\_\_\_ d. All or part of the property is occupied by an organization other than the owner; the user organization(s) make payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s).
- \_\_\_\_\_ e. Physical changes in the property (such as construction, alterations, or demolition) have occurred.
- \_\_\_\_\_ f. A change has occurred in the nature or schedule of planned construction of buildings or other improvements on an unimproved portion of the property.
- \_\_\_\_\_ g. One of the organization's purposes is hospital, and a change has occurred in the amount of space or time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities.

**STATEMENT OF CHANGE**

I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

**STATEMENT OF NO CHANGE**

I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR ASSESSOR'S USE**

Assessing unit \_\_\_\_\_ County \_\_\_\_\_  
City/Town \_\_\_\_\_ Village \_\_\_\_\_  
School District \_\_\_\_\_

EXPLANATIONS OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. \_\_\_\_\_ Explanation \_\_\_\_\_

GENERAL INFORMATION AND FILING REQUIREMENTS

1. Application

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Org and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-I must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Org replaces RP-420-b-Org). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

2. Place of filing application

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications must be filed with the Nassau County Board of Assessors. In Tompkins County, applications must be filed with the Tompkins County Division of Assessment. Do not file with the State Board of Real Property Services.

3. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County the taxable status date is January 2. In towns in Erie County, the taxable status date is May 1. In towns in Westchester County, the taxable status date is June 1. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

SPACE BELOW FOR ASSESSOR'S USE

Parcel identification no. (s) \_\_\_\_\_

Applicant organization \_\_\_\_\_ Employer ID no. \_\_\_\_\_ Date application filed \_\_\_\_\_

Application \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Assessed Valuation \$ \_\_\_\_\_ Taxable \$ \_\_\_\_\_ Exempt \_\_\_\_\_

Documentary evidence presented: \_\_\_\_\_

Assessing unit \_\_\_\_\_ Assessor's signature \_\_\_\_\_ Date \_\_\_\_\_

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# APPLICATION FOR REAL PROPERTY TAX EXEMPTION PROPERTY USE – OCCUPANCY STATEMENT

PROPERTY ADDRESS LOCATION: \_\_\_\_\_  
APPLICANT ORGANIZATION NAME: \_\_\_\_\_  
ORGANIZATION'S MAILING ADDRESS: \_\_\_\_\_  
PARCEL DESCRIPTION AS IT APPEARS ON ASSESSMENT ROLL: \_\_\_\_\_

A. NAME OF OCCUPANTS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

B. SPECIFY THE EXACT USE OF THE PROPERTY BY THE OCCUPANT(S):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**\*\*\*PLEASE PROVIDE WRITTEN NARRATIVE OF WORK OR STUDENT STATUS FOR EACH RESIDENT.**

C. TERM(S) OF OCCUPANCY:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

D. AMOUNT OF RENT PAID BY OCCUPANT(S):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

E. IS THIS PROPERTY OR ANY PORTION THEREOF AT ANY TIME USED BY OTHERS THAN THE APPLICANT OR THE OCCUPANTS NAMED ABOVE? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, SPECIFICALLY FOR WHAT PURPOSE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
TITLE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_



NYS BOARD OF REAL PROPERTY SERVICES

APPLICATION FOR EXEMPTION FROM REAL PROPERTY TAXES FOR PROPERTY USED AS RESIDENCE OF OFFICIATING CLERGY ("PARSONAGE" OR "MANSE")

(See general information and instructions on back of form)

1 a. Name of religious corporation

2. Mailing address of organization

\_\_\_\_\_

\_\_\_\_\_

b. Name of officiating clergy \_\_\_\_\_

\_\_\_\_\_

c. Telephone no. of clergy Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

d. E-mail address (optional) \_\_\_\_\_

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. Is there any other property owned by this religious corporation which is used exclusively for religious purposes so as to entitle the other property to an exemption pursuant to section 420-a of the Real Property Tax Law?   
 \_\_\_ Yes \_\_\_ No If yes, state location of other property or properties. \_\_\_\_\_

5. Has the officiating clergy of this religious corporation had formal training as a clergy?   
 \_\_\_ Yes \_\_\_ No If yes, give full details. \_\_\_\_\_

6. Has the officiating clergy been formally ordained? \_\_\_ Yes \_\_\_ No   
 If yes, state when, where and by whom such officiating clergy was ordained. \_\_\_\_\_   
 If no, explain. \_\_\_\_\_

7a. Is any portion of the premises used for purposes other than as residence of the officiating clergy?   
 \_\_\_ Yes \_\_\_ No

b. If yes, are the premises, or any portion thereof, used for banquets, dances, meetings, weddings or other purposes? \_\_\_ Yes \_\_\_ No

If the answer to 7b, is yes, give full details including gross annual income realized from such renting or other use.   
 \_\_\_\_\_

If the answer to 7a. is yes, and the answer to 7b. is no, state in detail other uses of this property other than for residence of officiating clergy. \_\_\_\_\_

ATTACH ADDITIONAL SHEETS WHENEVER NECESSARY

Submit form RP-420-a-Org (available from assessor) or RP-420-a/b-Rnw-I, if renewal, and all attachments required in that form with respect to the religious corporation named in answer to question 1a. above.

VERIFICATION

State of New York

ss:

County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, says that he is the \_\_\_\_\_ of the organization, that the statements contained in this application (including the attached sheets consisting of \_\_\_\_\_ pages) are true, correct and complete, and that he makes this application for real property tax exemption as provided by law.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of owner or authorized representative

\_\_\_\_\_  
Commissioner of deeds or notary public

GENERAL INFORMATION AND FILING REQUIREMENTS

1. Tax exemption for real property used as residence of officiating clergy ("parsonage" or "manse")  
Section 462 of the Real Property Tax Law authorizes an exemption from real property taxation for property owned by a religious corporation while actually used by the officiating clergy thereof for residential purposes.

2. Application

An application for exemption pursuant to section 462 must be filed annually for each separately assessed parcel for which an exemption is claimed. Applicants must also submit Form RP-420-a-Org. Where exemption is claimed in any one assessing unit for more than one parcel, the submission of one Form RP-420-a-Org is sufficient. Each year following the year in which exemption is first granted on the basis of this application, a renewal form RP-420-a/b-Rnw-I may be filed with this form in lieu of RP-420-a-Org.

If you need more space for any item in the application, attach additional sheets and indicate the question (s) to which you are responding. Please give your name and the name of your church on all attachments. The assessor may request information in addition to the information contained in the application.

3. Place of filing application

Application for exemption from city, town or village taxes must be filed with the city, town or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications should be filed with the Nassau County Board of Assessors. In Tompkins County, applications should be filed with the Tompkins County Division of Assessment. Do not file this form with the State Board of Real Property Services.

4. Time of filing application

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided in the Real Property Tax Law, the taxable status date is March 1. In towns in Nassau County the taxable status date is January 2. In towns in Erie County, the taxable status date is May 1. In towns in Westchester County, the taxable status date is June 1. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date. In New York City, taxable status date is January 5, but applications for this exemption may be filed on or before March 15.

SPACE BELOW FOR ASSESSOR'S USE ONLY

1. Applicant religious corporation: \_\_\_\_\_

2. Date application filed \_\_\_\_\_ 3. Application \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

4. Assessed valuation \$ \_\_\_\_\_ Taxable \$ \_\_\_\_\_ Exempt

5. Documentary evidence presented \_\_\_\_\_

\_\_\_\_\_  
Assessing unit

\_\_\_\_\_  
Assessor's signature

\_\_\_\_\_  
Date



NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION  
FOR NONPROFIT ORGANIZATIONS

I - ORGANIZATION PURPOSE

(See general information and instructions on back form)

- 1a. Name of organization \_\_\_\_\_
- b. Mailing address \_\_\_\_\_
- c. Employer ID no. \_\_\_\_\_
- d. Name of contact person \_\_\_\_\_
- e. Telephone no. of contact person  
Day (    ) \_\_\_\_\_ Evening (    ) \_\_\_\_\_
- f. E-mail address (optional) \_\_\_\_\_

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the charges has occurred, please check the appropriate line below and complete and sign the statement.

- a. A change has occurred in the purpose(s) of the organization.
- b. A change has occurred in the organization as a result of action taken by one or more regulatory agencies (such as issuance, restriction, or withdrawal of an operating certificate, permit, charter, or similar authorization).
- c. A change has occurred in the organization's status with regard to exemption from federal income taxes (such as exempt status has been recognized, denied, or revoked by the Internal Revenue Service, or the Internal Revenue Code classification of exemption has been changed).

**STATEMENT OF CHANGE** -- I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

**STATEMENT OF NO CHANGE** -- I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

_____ Signature	_____ Title	_____ Date
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3. Forms filed with the Internal Revenue Service by the organization since application for property tax exemption was last filed (check all applicable lines):

- Form 1023 (Application for Recognition of Exemption under Section 501 (c)(3) of the Internal Revenue Code)
- Form 1024 (Application for Recognition of Exemption under Section 501 (a)).
- Form 990 (Return of Organization Exempt from Income Tax under Section 501 (c) of the Internal Revenue Code)
- Schedule A. Form 990 (Organizations Exempt under Section 501(c) (3))
- Form 990-PF (Return of Private Foundation Exempt from Income Tax)
- Form 990-AR (Annual Report of Private Foundation)
- Form 990-T (Exempt Organization Business Income Tax Return)
- None of these

(Note: Assessor may request a copy of forms filed)

FOR ASSESSOR'S USE

Assessing unit _____	County _____
City/Town _____	Village _____
School District _____	

EXPLANATION OF CHANGES THAT HAVE OCCURRED

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. \_\_\_\_\_ Explanation \_\_\_\_\_

GENERAL INFORMATION AND FILING REQUIREMENTS

1. Application

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Org and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-1 must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Org replaces RP-420-b-Org). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

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SPACE BELOW FOR ASSESSOR'S USE ONLY

Parcel identification no. (s)

Applicant organization

Employer ID no.

Date application filed

Application  Approved  Disapproved

Assessed Valuation \$ \_\_\_\_\_ Taxable \$ \_\_\_\_\_ Exempt

Documentary evidence presented: \_\_\_\_\_

Assessing unit

Assessor's signature

Date



**RENEWAL APPLICATION FOR REAL PROPERTY TAX  
 EXEMPTION FOR NONPROFIT ORGANIZATIONS  
 I-ORGANIZATION PURPOSE**

\_\_\_\_\_  
 1a. Name of Organization

\_\_\_\_\_  
 \_\_\_\_\_  
 b. Mailing address

\_\_\_\_\_  
 c. Employer ID no.

\_\_\_\_\_  
 d. Name of contact person  
 Day ( ) Evening ( )

\_\_\_\_\_  
 e. Telephone no. of contact person

2a. Statement of receipts and expenditures for the fiscal year (year ending \_\_\_\_\_, 19\_\_\_\_)

**RECEIPTS**

(1) Gross dues and assessments of members.....		
(2) Gross contributions, gifts, etc.*.....		
(3) Gross amounts derived from activities related to organization's exempt purpose (attach schedule).....		
Less cost of sales (attach schedule).....		
(4) Gross amount from unrelated business activities (attach schedule).....		
Less cost of sales (attach schedule).....		
(5) Gross amounts received from sale of assets, excluding inventory items (attach schedule).....		
Less cost or other basis and sales expenses of assets sold (attach schedule).....		
(6) Interest, dividends, rents and royalties.....		
(7) Other receipts (attach schedule).....		
(8) Total receipts.....		

**EXPENDITURES**

(9) Fund raising expenses.....	
(10) Contributions, gifts, grants and similar amounts paid (attach schedule).....	
(11) Disbursements to or for the benefit of members (attach schedule).....	
(12) Compensation of officers, directors and trustees.....	
(13) Other salaries and wages.....	
(14) Interest.....	
(15) Rent.....	
(16) Depreciation and depletion.....	
(17) Other expenditures (attach schedule).....	
(18) Total expenditures.....	
(19) Excess of receipts over expenditures (line 8 less line 18).....	

\* If the organization received any unusual grants during the year, attach a list showing the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant.

2b. Statement of assets and liabilities for the last fiscal year

Enter Dates

		Beginning date	Ending date
<b>ASSETS</b>			
(1) Cash	(a) Interest bearing accounts		
	(b) Other		
(2)	Accounts receivable, net		
(3)	Inventories		
(4)	Bonds and notes (attach schedule)		
(5)	Corporate stocks (attach schedule)		
(6)	Mortgage loans (attach schedule)		
(7)	Other investments (attach schedule)		
(8)	Depreciable and depleted assets (attach schedule)		
(9)	Land		
(10)	Other assets (Attach schedule)		
(11)	Total assets		
<b>LIABILITIES</b>			
(12)	Accounts payable		
(13)	Contributions, gifts, grants, etc. payable		
(14)	Mortgages and notes payable (attach schedule)		
(15)	Other liabilities (attach schedule)		
(16)	Total liabilities		
<b>FUND BALANCE OR NET WORTH</b>			
(17)	Total fund balance or net worth		
(18)	Total liabilities and fund balance or net worth (line 16 plus line 17)		

(19) Has there been any substantial change in any aspect of the organization's financial activities since the period ended, as shown above?  Yes  No

IF YES, ATTACH A DETAILED EXPLANATION

Sch. A RP- 420a/b-Rnw-1 (1/95)

3a. Officers, directors and trustees:

Name and Title	Time devoted to position	Compensation (annual)	Contributions to Employee Benefit Plans (annual)	Expense Account and other Allowances (annual)

b. Five highest paid full-time employees (other than officers, directors and trustees):

Name, title and address	Time devoted to position	Compensation (annual)	Contributions to Employee Benefit Plans (annual)	Expense Account and other Allowances (annual)

c. Five highest paid part-time employees (other than officers, directors and trustees):

Name, title and address	Time devoted to position	Compensation (annual)	Contributions to Employee Benefit Plans (annual)	Expense Account and other Allowances (annual)

d. Five highest paid persons for professional services (nonemployees):

Name, and address	Type of service	Time devoted to position	Compensation (annual)	Expense Account and other Allowances (annual)

4. During the last fiscal year, did the organization, either directly or indirectly, engage in any of the following acts with a trustee, director, principle officer or creator of the organization, or any organization with which such a person is affiliated:

- a. Sale, exchange or leasing of property? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. Lending of money or other extension of credit? \_\_\_\_\_ Yes \_\_\_\_\_ No
- c. Furnishing of goods, services or facilities? \_\_\_\_\_ Yes \_\_\_\_\_ No
- d. Transfer of any part of the organization's income or assets? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES ANSWERED TO a, b, c or d ABOVE, ATTACH A DETAILED EXPLANATION OF THE TRANSACTION(S)

VERIFICATION

STATE OF NEW YORK

)  
)ss:  
)

COUNTY OF

\_\_\_\_\_, being duly sworn, says: that he is the \_\_\_\_\_ of the applicant organization, that the statements contained in this application (including the attached sheets consisting of \_\_\_ pages) are true, correct and complete, and that he makes this application for real property tax exemption as provided by law.

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_

\_\_\_\_\_  
Signature of owner or authorized representative

\_\_\_\_\_  
Commissioner of deeds or notary public