



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

RENEWAL APPLICATION FOR PARTIAL TAX EXEMPTION
FOR REAL PROPERTY OF SENIOR CITIZENS
(AND FOR ENHANCED SCHOOL TAX RELIEF (STAR) EXEMPTION)

To be filed with your local assessor by Taxable Status Date
Do not file this form with the Office of Real Property Tax Services.

Name and address of applicant

Telephone No.

Day () _____

Evening () _____

Email address (optional) _____

1. Property identification (see tax bill or assessment roll)
Tax map number or section/block/lot _____
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 purposes (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.

Check here if there has been no change in items, **a**, **b**, **c** and **d** above.

Explanation of changes that have occurred as indicated in Question #2 (attach additional sheets if necessary). _____

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.

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

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

4.b. **Subtotal of Income of Owner(s) and Spouse(s)** \$ _____

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.)]** \$ _____

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;	\$ _____
(ii) Subtract amount of (i) paid or reimbursed by insurance	\$ _____
(iii) Unreimbursed amount of (i) (attach proof of expenses and reimbursement, if any; enter zero if option not available);	\$ _____
Subtotal income of owner(s) and spouse(s) [4.d. minus 4.e. (iii)]	\$ _____

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) \$ _____

Total income of owner(s) and spouse(s) [4.e. minus 4.f.] \$ _____

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.

Signature	Marital Status	Phone No.	Date
(If more than one owner, all must sign)			
_____	_____	_____	_____
_____	_____	_____	_____

Space Below for use of Assessor

Date Renewal Application Filed _____ Approved Disapproved

Exemption applies to Taxes Levied by or for City/Town _____% County _____%

School _____% Village _____%

Assessor's Signature _____ Date _____



Town of Ramapo

Office of the Assessor
237 Route 59
Suffern, NY 10901

IMPORTANT DEADLINE
This form must be filed at the Office of the Assessor on or before
BUT NOT LATER THAN MARCH 1st

Notice: This application must be filed in the Assessor's Office on or before - but not later - than March 1st

Income Statement - 2011

Unless otherwise indicated, your 2010 income is required to complete this form.

Name of Owner: _____

Property Address: _____

Property ID: (SWIS/Sec/Bl/Lot) _____ / _____ - _____ - _____

Applicant must check all appropriate sources of income as listed below for the year (2011) and enter amounts. Proof of items checked MUST ACCOMPANY THIS STATEMENT. If you filed a federal and/or state tax return, A COPY OF THE FEDERAL RETURN IS REQUIRED. Please file this form together with the application.

	Source of Income	CHECK BOX THAT APPLIES		*REQUIRED
		Yes*	No	*Amount
1	Social Security			
2	Bonuses			
3	Salary or Wages including any part time employment			
4	Interest			
5	Non-Taxable Interest on State and Local Bonds			
6	Total Dividends			
7	Pensions: Monies received from Governmental or Private Retirement or Pension			
8	Capital Gains			
9	Gains from Sales or Exchanges			
10	Net Income from Estates or Trusts			
11	Net Earnings from Business Profession			
12	Net Farm Income			
13	Net Rents Plus Current Depreciation			
14	Alimony or Support Income			
15	Disability Payments			
16	Workmen's Compensation			
17	Annuity Payments			
18	Unemployment Insurance			
19	Other			
20	Sub - Total		Sub Total	
			Less Medical	
			TOTAL	

Signature: (If there is more than one owner, ALL must sign.)

Date: _____

Date: _____