



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

APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF
PERSONS WITH DISABILITIES AND LIMITED INCOMES

APPLICATION MUST BE FILED WITH YOUR LOCAL ASSESSOR BY TAXABLE STATUS DATE
Do not file this form with the Office of Real Property Tax Services.

General information and instructions for completing this form are contained in RP-459-c-Ins

1. Name and telephone no. of owner(s) _____

2. Mailing address of owner(s) _____

- Day No. () _____
Evening No. () _____
E-mail address (optional) _____
3. Location of property (see instructions):
Street address _____
City/Town _____ Village (if any) _____
School District _____
- Property identification (see tax bill or assessment roll)
Tax map number or section/block/lot _____
4. Description of nature of applicant's physical or mental impairment which currently substantially limits one or more major life activities (e.g. walking) _____
5. Indicate documents submitted with application as proof of disability (See instruction #5)
 Award letter from 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
 Certificate from State Commission for the Blind and Visually Handicapped stating that applicant is legally blind
 Award letter from United States Postal Service certifying disability pension
 Award letter from United States Department of Veterans Affairs certifying disability pension
6. Indicate document submitted with application as proof of ownership (See instruction #6):
 Deed Mortgage Other (specify) _____
7. Do all the owners of the property presently occupy the premises as their legal residence? Yes No
If answer to question 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 the facility. _____

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 the calendar year immediately preceding date of application **MUST** be set forth on next page (attach additional sheets if necessary). See instruction #9 for income to be included. (NOTE: Income does NOT include gifts, inheritances or a return of capital.)

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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
Subtotal income of owner(s) and spouse(s)		\$ _____

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.) (#9 minus #10)

\$ _____
\$ _____

11. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located (see instructions #11), complete the following:

(a) Medical and prescription drug costs; \$ _____

(b) Subtract amount of (a) paid or reimbursed by insurance: \$ _____

(c) Unreimbursed amount of (a) (attach proof of expenses and reimbursement, if any; enter zero if option not available): \$ _____

Total income of owner (s) and spouse (s) [#10 minus #11 (c)] \$ _____

12. Did the 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. (See instruction #12.)

13. Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades K through 12? Yes No

If Yes, show name and location of school(s): _____

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 are true and correct.

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

SPACE BELOW FOR USE OF ASSESSOR

Date application filed _____ Exemption applies to taxes levied by or for:

- | | | | |
|--|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Application approved | <input type="checkbox"/> Application disapproved | <input type="checkbox"/> County | <input type="checkbox"/> Town |
| <input type="checkbox"/> Proof of disability submitted | <input type="checkbox"/> Proof of ownership submitted | <input type="checkbox"/> School | <input type="checkbox"/> Village |

 Assessor's signature Date



Town of Ramapo
Office of the Assessor
 237 Route 59
 Suffern, NY 10901

Income Statement – 2015

*If your 2015 income tax return is not ready by
 March 1st, you may use your 2014 income tax*

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

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 (2015) 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.)
 X _____ Date: _____
 X _____ Date: _____