



Department of Taxation and Finance  
Office of Real Property Tax Services

**RP-467-Rnw**  
(7/16)

# Renewal Application for Partial Tax Exemption for Real Property of Senior Citizens

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 number:
	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** Children of owners, tenants or leaseholders living on the premises attending public school grades pre-K-12; if so, give the name and location of the school or schools, and 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.

Mark an **X** in the box if there has been no change in items, **a**, **b**, **c** and **d** above .....

Explanation of changes that have occurred as indicated on line 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?  
 If Yes, attach a copy of the return(s) ..... Yes  No

**4** Provide the income of each owner and spouse of each owner for the calendar year immediately preceding the date of application on the 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.

If you received a STAR exemption on this property for the 2015-16 school year, this application will also serve as an application for the Enhanced STAR exemption. If not, you may be eligible for the Enhanced STAR credit, which is provided in the form of a check. To receive an Enhanced STAR check, you must register for it. For more information, visit [www.tax.ny.gov/star](http://www.tax.ny.gov/star) or call (518) 457-2036.

a	Name of owner(s)	Source of income	Amount of income
	<b>Total</b> income of owner(s) .....		

Name of spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)
<b>Total</b> income of spouse(s) .....		
<b>Total</b> income of owner(s) and spouse(s) .....		<b>a</b>

**b** Of the income in line a, how much, if any, was used to pay for an owner's care in a residential health care facility? Attach proof of amount paid; enter **0** if not applicable. (see instructions) ..... **b**

**c** Line a minus line b ..... **c**

**d** 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:

<b>(i)</b> Medical and prescription drug costs; .....	<b>(i)</b>
<b>(ii)</b> Subtract amount of (i) paid or reimbursed by insurance .....	<b>(ii)</b>
<b>(iii)</b> Unreimbursed amount of (i) (attach proof of expenses and reimbursement, if any; enter <b>0</b> if option not available); .....	<b>(iii)</b>
<b>Subtotal</b> income of owner(s) and spouse(s) (line c minus line d, item (iii)) .....	

**e** If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located, complete the following:

Veteran's disability compensation received. Attach proof; enter **0** if not applicable ..... **e**

**Total** income of owner(s) and spouse(s) (line d subtotal minus line e) .....

**5 Certification**

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief. I (we) 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 (If more than one owner, all must sign)	Marital status	Phone number	Date

***This Area for Assessor's Use Only***

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

Income Statement – 2016

*If your 2016 income tax return is not ready by  
 March 1st, you may use your 2015 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 (2016) 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
				<b>TOTAL</b>

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

X \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_