

**IMPORTANT DEADLINE**

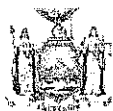
This form MUST be filed at the

Office of the Assessor

RP-467 (11/09)

On or Before **BUT NOT LATER THAN**

**MARCH 1ST**



**NYS BOARD OF REAL PROPERTY SERVICES  
APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL  
PROPERTY OF SENIOR CITIZENS (AND FOR ENHANCED SCHOOL  
TAX RELIEF (STAR) EXEMPTION)**

**NOTE:** General information and instructions for completing this form are contained in RP-467-Ins

Persons who qualify for the senior citizens exemption are also deemed eligible for the enhanced school tax relief (STAR) exemption. No separate application for the STAR exemption (RP-425) need be filed unless the assessor cannot determine eligibility for enhanced STAR based on this application. Application must be filed with your local assessor by taxable status date. Do not file this form with the State Board of Real Property Services.

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 \_\_\_\_\_ Village (if any) \_\_\_\_\_  
 \_\_\_\_\_  
 City/Town \_\_\_\_\_ School District \_\_\_\_\_  
 Property identification (see tax bill or assessment roll)  
 Tax map number or section/block/lot \_\_\_\_\_

4. Indicate documents submitted with application as proof of age of owners (See instruction #4):  
 Birth certificate  Baptismal certificate  Other (specify) \_\_\_\_\_

5. Date applicant(s) acquired ownership of property (see instruction #5): \_\_\_\_\_

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 the answer to 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. \_\_\_\_\_

If answer to 7 is NO, is the non-resident owner the spouse or former spouse of the resident owner and is he or she absent from the residence due to divorce, legal separation or abandonment?  Yes  No

If answer is NO, explain. \_\_\_\_\_

8. Is any portion of the property used for other than residential purposes (commercial, 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. (Attach additional sheets if necessary; see instruction #9 for income to be included.)

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.) \$ \_\_\_\_\_

**Subtotal income of owner(s) and spouse(s) [#9 minus #10]** \$ \_\_\_\_\_

**“Local Option Only”**

11. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which the 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): \$ \_\_\_\_\_

**Subtotal income of owner (s) and spouse (s) [#10 minus #11 (c)]** \$ \_\_\_\_\_

**“Local Option Only”**

12. If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located (see instruction #12), complete the following:
- Veteran's disability compensation received (attach proof, enter zero if not applicable) \$ \_\_\_\_\_

**Total income of owner(s) and spouse(s) [11(c) minus 12]** \$ \_\_\_\_\_

13. Did 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 #13.)

14. 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 to the best of my belief and 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 (If more than one owner, all must sign)	Marital Status	Phone No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SPACE BELOW FOR USE OF ASSESSOR**

Date application filed \_\_\_\_\_

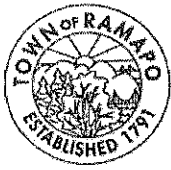
Exemption applies to taxes levied by or for:

- Proof of age submitted
- Proof of ownership submitted
- Application approved
- Application disapproved

- Town \_\_\_\_\_%
- County \_\_\_\_\_%
- School \_\_\_\_\_%
- Village \_\_\_\_\_%

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

\_\_\_\_\_  
Date



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

**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			
			<b>Sub Total</b>	
			<b>Less Medical</b>	
			<b>TOTAL</b>	

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

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

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