



**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 State Board of Real Property 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. ( ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 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.

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 reside on the premises? \_\_\_\_\_ Yes \_\_\_\_\_ No

If 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.

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 resident 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 resident 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 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 answer is YES, show name and location of schools: \_\_\_\_\_  
 \_\_\_\_\_

I certify that all statements made on this application are true and correct.

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

**SPACE BELOW FOR USE OF ASSESSOR**

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

Exemption applies to taxes levied by or for:

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

Assessor's signature

Date