



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.

<b>Signature</b>	<b>Marital Status</b>	<b>Phone No.</b>	<b>Date</b>
_____	_____	_____	_____
_____	_____	_____	_____

(If more than one owner, all must sign)

<b>Space Below for use of Assessor</b>			
Date Renewal Application Filed _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Exemption applies to Taxes Levied by or for	<input type="checkbox"/> City/Town _____%	<input type="checkbox"/> County _____%	
	<input type="checkbox"/> School _____%	<input type="checkbox"/> Village _____%	
Assessor's Signature _____	Date _____		

TOWN OF HIGHLANDS ASSESSOR'S OFFICE  
254 MAIN STREET  
HIGHLAND FALLS, NEW YORK 10928

845-446-0703 x315

***PLEASE READ BEFORE FILING A SENIOR CITIZEN EXEMPTION***

**AGE:** ALL OWNERS OF PROPERTY (EXCEPT IN CASES OF SPOUSES) MUST BE 65 YEARS OLD.

**OWNERSHIP:** MUST HAVE OWNED RESIDENCE FOR A PERIOD OF 12 MONTHS PRIOR TO JANUARY 1st.

**RESIDENCY:** MUST BE LEGAL RESIDENCE. (IF PERSON LIVES PART OF THE YEAR IN ONE HOUSE AND PART OF THE YEAR IN ANOTHER, BOTH RESIDE IN NEW YORK STATE, ONLY ONE DWELLING CAN BE LEGAL RESIDENCE.

**INCOME:** ALL INCOME MUST BE REPORTED INCLUDING: BUSINESS or PROFESSIONAL EARNINGS, DIVIDENDS, GAINS FROM SALES, INTEREST, PENSIONS, RENTAL INCOME, SALARY AND WAGES, SOCIAL SECURITY PAYMENTS.

**PROOF TO BE SUBMITTED WITH YOUR APPLICATION---**  
BANK STATEMENTS, FEDERAL INCOME TAX RETURN (IF YOU FILE) RENT RECEIPTS, SOCIAL SECURITY STATEMENT FORM #1099 AND ANY OTHER DOCUMENTS TO SUBSTANTIATE YOUR STATEMENT OF INCOME.

**IMPORTANT NOTICE:** ABOVE SUBMITTED INFORMATION IS CERTIFIED AND ANY WILLFUL FALSE STATEMENT WILL BE GROUNDS FOR DISQUALIFICATION FROM FURTHER EXEMPTION.

***ALL SENIORS RECEIVING A SENIOR CITIZEN AGED EXEMPTION  
AUTOMATICALLY WILL RECEIVE THE ENHANCED STAR  
EXEMPTION.***

***THE EXEMPTION APPLICATION MUST BE RECEIVED IN THE  
ASSESSOR'S OFFICE NO LATER THAN MARCH 1st.***

## INCOME LIMITS

### SCHOOL

	% REDUCTION IN ASSESSED VALUE
UP TO -- \$17,500	50%
\$17,500 but less than \$18,500	45%
\$18,500 but less than \$19,500	40%
\$19,500 but less than \$20,500	35%
\$20,500 but less than \$21,400	30%
\$21,400 but less than \$22,300	25%
\$22,300 but less than \$23,200	20%
\$23,200 but less than \$24,100	15%
\$24,100 but less than \$25,000	10%

### COUNTY & TOWN

	% REDUCTION IN ASSESSED VALUE
UP TO -- \$24,000	50%
\$24,000 but less than \$25,000	45%
\$25,000 but less than \$26,000	40%
\$26,000 but less than \$27,000	35%
\$27,000 but less than \$27,900	30%
\$27,900 but less than \$28,800	25%
\$28,800 but less than \$29,700	20%
\$29,700 but less than \$30,600	15%
\$30,600 but less than \$31,500	10%
\$31,500 but less than \$32,400	5%