



**NYS BOARD OF REAL PROPERTY SERVICES**  
**RENEWAL 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. (      ) \_\_\_\_\_

\_\_\_\_\_

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 previous application as proof of disability unless proof of permanent disability was submitted in a previous year.

Proof of permanent disability submitted in previous year

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. Do all the owners of the property presently reside on the premises?  Yes  No

If answer to 6 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 \_\_\_\_\_

\_\_\_\_\_

7. 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. \_\_\_\_\_

\_\_\_\_\_

8. 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).

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)** \$ \_\_\_\_\_

9. Of the income specified in #8 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 zero if not applicable.) \$ \_\_\_\_\_  
 (#8 minus #9) \$ \_\_\_\_\_

10. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located 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) [#9 minus #10 (c)]** \$ \_\_\_\_\_

11. 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.

12. 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 the 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:

- |  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| <input type="checkbox"/> Application approved    | <input type="checkbox"/> Town    | <input type="checkbox"/> School |
| <input type="checkbox"/> Application disapproved | <input type="checkbox"/> Village | <input type="checkbox"/> County |

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

\_\_\_\_\_  
Date