

TOWN OF ORANGETOWN ASSESSOR'S OFFICE
26 ORANGEBURG ROAD
ORANGEBURG NY 10962

2023 FILING YEAR INSTRUCTIONS:

**LOW INCOME SENIOR - PARTIAL TAX EXEMPTION FOR REAL
PROPERTY OF SENIOR CITIZENS & ENHANCED STAR
FORM (RP-467)**

Must be submitted by MARCH 1, 2023

THE FOLLOWING MUST BE SUBMITTED TO QUALIFY FOR EXEMPTION:

- 1.) *Copy of 2021 Federal or New York State Tax Return.*
- 2.) *Copies of all 1099's, W-2's, Pension & Annuities, Dividend Statements, Rental Receipts, 2021 Social Security Statements, Veterans Disability Payments, Taxable & Tax-Exempt Interest Statements, Wages & Salaries & Bonuses, Tax Refunds, Alimony, Business Income, Capital Gains, Farm Income, Unemployment Income & Worker's Comp Income or any Other Gross Income, Earnings & Interest from IRA (individual retirement accts).*
- 3.) *Those who are no longer required to file tax returns, MUST submit 12 months of Checking & Saving Statements for "all bank accounts the applicant has whether Foreign or Domestic." (MANDATORY)*
- 4.) *List all properties owned by applicant(s) whether in your name or in a company name.*

WE DO NOT ACCEPT FAXES OR COPIES OF APPLICATIONS
ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED,
IF YOU HAVE QUESTIONS, PLEASE

CALL 845-359-5100 EXT 2264



Application for Partial Tax Exemption for Real Property of Senior Citizens

For help completing this application, see Form RP-467-I, *Instructions for Form RP-467*. You must file this application with your local assessor by the taxable status date. Do **not** file this form with the Office of Real Property Tax Services.

Name(s) of owner(s)		
Mailing address of owner(s) (number and street or PO Box)		Location of property (street address)
City, village, or post office	State	ZIP code
City, town, or village	State	ZIP code
Daytime contact number	Evening contact number	School district
Email address		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll)
Name(s) of any non-owner spouse(s)		
Address(es) of primary residence(s) if different from above:		

1 Indicate which documents you included with this application as proof of age of owners (see instructions):

Driver license ☐ Birth certificate ☐ Other (specify) ☐ _____

2 Date you acquired ownership of property (see instructions): _____

3 Indicate document included with application as proof of ownership (see instructions):

Deed ☐ Other (specify) ☐ _____

4 Do all the owners of the property presently occupy the premises as their legal primary residence? Yes ☐ No ☐

If Yes, skip to line 5.

4a Is an owner receiving medical care as an inpatient in a residential health care facility? Yes ☐ No ☐

If Yes, list the name and location of the facility.

4b Is the non-resident owner the spouse or former spouse of the resident owner? Yes ☐ No ☐

If No, skip to line 5.

4c Are they absent from the residence due to divorce, legal separation, or abandonment? Yes ☐ No ☐

5 Is any portion of the property used for purposes other than residential, such as commercial, or

professional offices? Yes ☐ No ☐

If Yes, explain such use and describe the portion that is so used. _____

- 6 List the income of each owner and spouse of each owner for the applicable income tax year. Attach additional sheets if necessary.
(See instructions to determine the applicable income tax year and the income to be included.)

A Name of owner(s)	B Source of income	C Amount of income

6a Total income of owner(s) (add column C) 6a

A Name of spouse(s) if not owner of property	B Source of income of spouse(s)	C Amount of income of spouse(s)

6b Total income of spouse(s) (add column C) 6b

6c Total income of owner(s) and spouse(s) (add lines 6a and line 6b) 6c

- 7a Of the income specified in line 6c 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)

7a	
7b	

- 7b Total income of owner(s) and spouse(s) (subtract line 7a from line 6c)

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), complete the following:

- 8a Unreimbursed medical and prescription drug costs (deduct any amounts reimbursed by insurance).

8a	
8b	

- 8b Total income of owner(s) and spouse(s) (subtract line 8a from line 7b)

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

- 9a Veteran's disability compensation received (attach proof; enter 0 if not applicable)

9a	
9b	

- 9b Total income of owner(s) and spouse(s) (subtract line 9a from line 8b)

- 10 Did the owner or spouse file a federal or New York State income tax return for the applicable income tax year? (see instructions to determine the applicable income tax year) Yes ☐ No ☐

If Yes, attach copy of such return or returns (if you do not have a copy, see instructions).

- 11 Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades Pre-K through 12? Yes ☐ No ☐

If Yes, complete lines 11a and 11b.

- 11a List the name and location of each school:

- 11b 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 (we) certify that all statements made on this application are true and correct to the best of my (our) belief and 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

For Assessor's Use Only

Date application filed _____

Action on application: Approved ☐ Disapproved ☐

Proof of age submitted ☐

Proof of ownership submitted ☐

Proof of income submitted ☐

Exemption applies to taxes levied by or for:

Town _____ % ☐

County _____ % ☐

School _____ % ☐

Village _____ % ☐

City _____ % ☐

Assessor's name (print)

Assessor's signature

Date