

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

2024 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, 2024

THE FOLLOWING MUST BE SUBMITTED TO QUALIFY FOR EXEMPTION:

- 1.) *Copy of 2022 Federal or New York State Tax Return.*
- 2.) *Copies of all 1099's, W-2's, Pension & Annuities, Dividend Statements, Rental Receipts, 2022 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.*

****PLEASE PROVIDE COPIES OF ALL SUBMITTED DOCUMENTS****

WE DO NOT ACCEPT FAXES

ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED,
IF YOU HAVE QUESTIONS, PLEASE

CALL 845-359-5100 EXT 2264 OR 2265



Application for Senior Citizens Exemption

RP-467
(8/23)

For help completing this application, see Form RP-467-I, *Instructions for Forms RP-467 and RP-467-Rnw*. 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 Did the owner or spouse file a federal 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 (if you did file a return or returns for the applicable income tax year, but do not have a copy, see the instructions).

If No, complete Form RP-467-Wkst, *Income Worksheet for Senior Citizens Exemption*. Any spouse or owner completing RP-467-Wkst should skip questions 7 through 7c

- 7** List the federal adjusted gross income (FAGI) (*see instructions*) 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 FAGI

7a Total FAGI of owner(s) (add column B) **7a**

A Name of spouse(s) if not owner of property	B FAGI

7b Total FAGI of spouse(s) (add column B) **7b**

7c Total FAGI of owner(s) and spouse(s) (add lines 7a and 7b) **7c**

8 Total income from RP-467-Wkst. Enter 0 if not applicable. **8**

9 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*), enter the unreimbursed medical and prescription drug costs (*deduct any amounts reimbursed by insurance*). **9**

10 Of the income specified in line 8 of Form RP-467-Wkst 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*). **10**

Note: There are various adjustments to income regarding eligibility for this exemption. Some of the adjustments are subject to local option by your taxing jurisdictions (municipality, school district, and county). The assessor will determine your income after applying the adjustments available in your taxing jurisdictions.

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. 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, as well as a fine.

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

STAR EXEMPTION

FILE APPLICATION BETWEEN JANUARY 1ST, 2024 AND MARCH 1ST, 2024

DEADLINE IS MARCH 1ST, 2024 **NO EXCEPTIONS**

BASIC STAR PROGRAM:

NEW HOMEOWNERS MUST REGISTER WITH
THE STATE OF NEW YORK

ONLINE: www.tax.ny.gov/star

PHONE: 518-457-2036

ENHANCED STAR PROGRAM:

All owners **MUST** be 65 years or older, except in the case of a married
couple OR siblings, property **MUST** be your primary residence.

Adjusted Gross Income (AGI) CANNOT EXCEED \$98,700

(LINE (11) MINUS IRA (4B) ON 1040 FORM)

OR

(LINE (19) MINUS (9) ON NYS RETURN)

THE FOLLOWING MUST BE SUBMITTED:

1. COMPLETED APPLICATION SIGNED BY ALL OWNERS(RP-425-E)
2. COMPLETED & SIGNED IVP-INCOME VERIFICATION
PROGRAM(RP-425-IVP)
3. VALID DRIVERS LICENSE FOR ALL OWNERS *SHOWING
PROPERTY ADDRESS*
4. **2022** FEDERAL/STATE TAX RETURN

NO APPLICATION WILL BE ACCEPTED WITHOUT SUPPORTING DOCUMENTS! PLEASE RETURN TO ASSESSORS

OFFICE: 26 ORANGEBURG ROAD, ORANGEBURG, NY 10962



Application for Enhanced STAR Exemption for the 2024-2025 School Year

You must submit Form RP-425-IVP, Supplement to Form RP-425-E, with this form.

Note: The STAR exemption program is closed to new applicants. This form is primarily for use by property owners with Basic STAR exemptions who wish to apply and are eligible for the Enhanced STAR exemption. If you are a new homeowner or first-time STAR applicant, you may be eligible for the STAR credit. Register with the NYS Tax Department at www.tax.ny.gov/star. For a list of who else should use this form, see the instructions on page 2.

Name(s) of owner(s) (See Application instructions on page 3 regarding properties held in trusts or life estates.)			
Property identification: Tax map number or section/block/lot (see tax bill or assessment roll)			
Location of property (street address)			Unit number
City, town, or village		State	ZIP code
Mailing address of owner(s) (number and street - include unit number - or PO Box)		City, village, or post office	State ZIP code
Phone number		Email address	
Is this property held in a: Trust? Yes <input type="checkbox"/> No <input type="checkbox"/> Life estate? Yes <input type="checkbox"/> No <input type="checkbox"/>		If the property is held in a trust, what is the legal name of the trust?	

Mark an X in the applicable boxes below.

- 1 Did you have a STAR exemption on this property for the 2015-2016 school year? Yes ☐ No ☐
If No, you are **not** eligible for the Enhanced STAR exemption. However, you may be eligible for the Enhanced STAR credit. Register at www.tax.ny.gov/star.
- 2 Will all owners be at least 65 years of age as of December 31, 2024, or if the property is owned by a married couple or by siblings, will at least one of the spouses or siblings be at least 65 years of age as of December 31, 2024? If Yes, provide proof of age. Yes ☐ No ☐
- 3 Is the total 2022 combined income of all the owners, and of any owners' spouses residing on the premises, less than or equal to \$98,700? (See Income for STAR purposes on page 3.) Yes ☐ No ☐
- Note:** If you answered Yes to **both** questions 2 and 3, you **must** attach a copy of the 2022 federal or 2022 state income tax returns for all owners, including nonresident owners. If your assessor needs tax schedules and tax form attachments, they will contact you. The assessor may also require proof of age.
- If you were not required to file a federal or New York State income tax return for 2022, submit Form RP-425-Wkst, *Income for STAR Purposes Worksheet*, to the assessor.
- If you answered No to **either** question 2 or 3, then you **do not** qualify for the Enhanced STAR exemption, but may continue to receive Basic STAR.
- 4 Do you or your spouse own another property that is **either** receiving a STAR exemption in New York State or a residency-based tax benefit in another state, such as the Florida Homestead exemption? Yes ☐ No ☐
- If Yes, attach a list with the address and exemption or benefit information of each property.

(continued)

Certification

Caution: Anyone who misrepresents their primary residence, age, or income:

- will be subject to a penalty of the greater of \$100 or 20% of the improperly received tax savings,
- will be prohibited from receiving the STAR exemption or STAR credit for six years, and
- may be subject to criminal prosecution.

I (we) certify that all of the above information is correct, that I (we) own the property listed above and it is my (our) primary residence. I (we) understand it is my (our) obligation to notify the assessor if I (we) relocate to another primary residence and provide any documentation of eligibility that is required.

All resident owners must sign and date this form. Attach additional sheets, if necessary.

Signature	Date
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Signature	Date
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Signature	Date
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Signature	Date
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Return this form with Form RP-425-IVP and proof of income to your local assessor by taxable status date (see Deadline below).

This Area for Assessor's Use Only

Date application received: _____

Form RP-425-IVP received:

Yes ☐ No ☐

Proof of age: Yes ☐ No ☐

Approved:

Yes ☐ No ☐

Proof of income: Yes ☐ No ☐

Proof of residency: Yes ☐ No ☐

Assessor's signature	Date
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Instructions

You must submit Form RP-425-IVP with this form when applying for the Enhanced STAR exemption.

General information

The Enhanced STAR exemption reduces the school tax liability for qualifying senior citizens by exempting a portion of the value of their home from the school tax.

To qualify, the home must be:

- owner-occupied, and
- the homeowners' primary residence.

The combined 2022 income of all owners, and any spouses who reside on the property must be less than or equal to \$98,700 and you must have had a STAR exemption on the same property for the 2015-2016 school year.

In the first year, the assessor will verify your eligibility based on the income information you provide (see *Proof of income for STAR purposes*). In the following years, the New York State Department of Taxation and Finance will verify your income eligibility. You will not need to reapply for the exemption or provide copies of your tax returns to your local assessor.

Who should use this form:

Since the STAR exemption is closed to new applicants, you should only use this form if:

- (1) you already have a Basic STAR exemption and believe you are now qualified for an Enhanced STAR exemption, or
- (2) you already have an Enhanced STAR exemption and need to reapply due to a change of ownership resulting from:
 - marriage,
 - divorce,
 - surrender of interest by a co-owner,
 - survivorship,
 - trusts,
 - life estates, or
 - name change(s).

Note: If you are currently receiving a check for a STAR credit, you cannot apply for the STAR exemption. You cannot switch from the STAR credit to the STAR exemption.

Deadline: You must file this application and proof of income, proof of age, and Form RP-425-IVP with your local assessor on or before the applicable taxable status date, which is generally March 1.

Exceptions:

- In the Village of Bronxville, it is January 1.
- In Nassau County, it is January 2.
- In Westchester towns, it is either May 1 or June 1.
- In cities, check with your assessor.

For further information, ask your local assessor. Visit our website or your locality's website to find your local assessor's contact information.

Do not file this form with the New York State Department of Taxation and Finance or the Office of Real Property Tax Services.

Application instructions

Print the name and mailing address of each person who **owns** the property, including any non-resident owners. (If the title to the property is in a trust, or is held in a life estate, the trust beneficiaries or life tenants are deemed to be the owners for STAR purposes.) There is no single factor which determines whether the property is your primary residence, but the assessor will consider factors such as voting location, automobile registrations, and the length of time you occupy the property each year. The assessor may ask you to provide proof of residency and ownership.

You can find the parcel identification number on either the assessment roll or your tax bill.

If your primary residence changes after you have been granted the exemption, you must notify the assessor.

Proof of income for STAR purposes

You are required to submit proof of income with this form. Proof of income is your 2022 federal or state income tax return. **Do not** submit your 2023 tax forms. If you were not required to file a federal or New York State income tax return for 2022, complete Form RP-425-Wkst, and submit it to the assessor along with this form. To determine your income eligibility, use the following table to identify line references on your 2022 federal or state income tax returns.

Form number	Title of income tax form	Income for STAR purposes
Federal Form 1040	U.S. Individual Income Tax Return	Adjusted gross income (line 11) minus taxable portion of IRA distributions (line 4b)
NYS Form IT-201	Resident Income Tax Return	Federal adjusted gross income (line 19) minus taxable portion of IRA distributions (line 9)

Proof of age for STAR purposes

You must provide satisfactory proof of age. You may provide proof from one of the following:

- Driver license
- Birth certificate
- Voter's registration record
- Census record
- Insurance record
- Marriage record
- Passport
- Military record
- Immigration document



Supplement to Form RP-425-E
Mandatory for all Enhanced STAR Applicants

When applying for the Enhanced STAR exemption, you **must** submit this form to your assessor along with your Enhanced STAR application form and proof of income. For more information, see page 3.

Name(s) of owner(s) (If a property is held in trust or under a life estate, enter names of the trust beneficiaries or life tenants.)					
Location of property (street address; include unit number)			Mailing address of owner(s) (number and street - include unit number - or PO Box)		
City, town, or village		State	ZIP code	City, village, or post office	
				State ZIP code	
School district			Daytime contact number		Evening contact number
Property identification: Tax map number or section/block/lot (see tax bill or assessment roll)			Email address		
Is this property held in a:			If the property is held in a trust, what is the legal name of the trust?		
Trust? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Life estate? Yes <input type="checkbox"/> No <input type="checkbox"/>					

All owners of the property, and any owner's spouse who resides on the premises, must provide their Social Security numbers and sign the authorization below. **Failure to do so will result in denial of the Enhanced STAR exemption.**

Authorization

I (we) authorize the New York State Department of Taxation and Finance to annually verify, using my (our) Social Security number(s) supplied below, whether my (our) income is less than or equal to the applicable annual income standard for purposes of the Enhanced STAR exemption.

First owner information – Provide information for every owner, and any spouse even if not an owner.

First name and middle initial		Last name		Suffix
Social Security number	Date of birth (mm/dd/yyyy)		Is this your primary residence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mark all that apply: Owner <input type="checkbox"/> *Spouse of an owner <input type="checkbox"/> *Sibling of another owner <input type="checkbox"/> * Provide name(s) of spouses and siblings below.				
Name(s) and relationship(s) of spouse or sibling/owner:				
Income information for first year of application (see instructions):				
Calculated income \$ _____		Tax year _____		Income documentation (mark one below):
Federal Form 1040 <input type="checkbox"/>		NYS Form IT-201 <input type="checkbox"/>		Form RP-425-Wkst (see instructions) <input type="checkbox"/>
Filing status: Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er) <input type="checkbox"/>				
Signature				Date

(continues on page 2)

For assessor's use only	
Municipal code _____ 0 0	Ownership code (Enter M or C if this property is a mobile home or a cooperative) _____

Additional owner or spouse information – Provide information for every owner, and any spouse even if not an owner.

First name and middle initial		Last name		Suffix
Social Security number	Date of birth (mm/dd/yyyy)		Is this your primary residence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mark all that apply: Owner <input type="checkbox"/> *Spouse of an owner <input type="checkbox"/> *Sibling of another owner <input type="checkbox"/> * Provide name(s) of spouses and siblings below.				
Name(s) and relationship(s) of spouse or sibling/owner:				
Income information for first year of application (see instructions):				
Calculated income \$ _____		Tax year _____		Income documentation (mark one below):
Federal Form 1040 <input type="checkbox"/>		NYS Form IT-201 <input type="checkbox"/>		Form RP-425-Wkst (see instructions) <input type="checkbox"/>
Filing status:	Single <input type="checkbox"/>	Married filing joint <input type="checkbox"/>	Married filing separate <input type="checkbox"/>	Head of household <input type="checkbox"/> Qualifying widow(er) <input type="checkbox"/>
Signature			Date	

Additional owner or spouse information – Provide information for every owner, and any spouse even if not an owner.

First name and middle initial		Last name		Suffix
Social Security number	Date of birth (mm/dd/yyyy)		Is this your primary residence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mark all that apply: Owner <input type="checkbox"/> *Spouse of an owner <input type="checkbox"/> *Sibling of another owner <input type="checkbox"/> * Provide name(s) of spouses and siblings below.				
Name(s) and relationship(s) of spouse or sibling/owner:				
Income information for first year of application (see instructions):				
Calculated income \$ _____		Tax year _____		Income documentation (mark one below):
Federal Form 1040 <input type="checkbox"/>		NYS Form IT-201 <input type="checkbox"/>		Form RP-425-Wkst (see instructions) <input type="checkbox"/>
Filing status:	Single <input type="checkbox"/>	Married filing joint <input type="checkbox"/>	Married filing separate <input type="checkbox"/>	Head of household <input type="checkbox"/> Qualifying widow(er) <input type="checkbox"/>
Signature			Date	

Additional owner or spouse information – Provide information for every owner, and any spouse even if not an owner.

First name and middle initial		Last name		Suffix
Social Security number	Date of birth (mm/dd/yyyy)		Is this your primary residence? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mark all that apply: Owner <input type="checkbox"/> *Spouse of an owner <input type="checkbox"/> *Sibling of another owner <input type="checkbox"/> * Provide name(s) of spouses and siblings below.				
Name(s) and relationship(s) of spouse or sibling/owner:				
Income information for first year of application (see instructions):				
Calculated income \$ _____		Tax year _____		Income documentation (mark one below):
Federal Form 1040 <input type="checkbox"/>		NYS Form IT-201 <input type="checkbox"/>		Form RP-425-Wkst (see instructions) <input type="checkbox"/>
Filing status:	Single <input type="checkbox"/>	Married filing joint <input type="checkbox"/>	Married filing separate <input type="checkbox"/>	Head of household <input type="checkbox"/> Qualifying widow(er) <input type="checkbox"/>
Signature			Date	

Instructions

You must include this form when applying or reapplying for the Enhanced STAR exemption.

General information

To apply for the Enhanced STAR exemption, submit this application and Form RP-425-E, *Application for the Enhanced STAR Exemption* to your assessor.

You must also provide proof of income as described on the above forms.

When submitting this form, you must supply the Social Security numbers of all owners of the property and of any owner's spouse who resides on the premises.

If your income in any given year is high enough to disqualify you from the Enhanced STAR exemption for that year, New York State will continue to check your income in subsequent years. If you qualify again in a future year, you will again receive the Enhanced STAR exemption. You do not need to reapply.

In the first year, the assessor will verify your eligibility based on the income information you provide (see *Income information*). In the following years, the New York State Department of Taxation and Finance will verify your income eligibility. You will not need to reapply for the exemption or provide copies of your tax returns to your local assessor.

The Tax Department will **not** disclose your income to the assessor. It will only disclose whether or not your income is below the applicable income standard.

Nassau County homeowners: Complete Form RP-425-IVP along with the county's Enhanced STAR property tax exemption application, which is available at Nassau County's website at www.nassaucountyny.gov (search: STAR). Submit both forms to the address on page 2 of Nassau County's application.

Income information

This is the income that the assessor will use to verify your eligibility in your first year of applying for the Enhanced STAR exemption.

- **Calculated income** – Refer to *Proof of income for STAR purposes* on page 3 of Form RP-425-E for instructions on how to calculate income.
- **Tax year** – Income is based on the tax year **two years prior** to the year for which you are applying for an exemption. For example, if you are applying for an Enhanced STAR exemption for the 2024-2025 school year, income is based on the 2022 tax year.
- **Income documentation** – Indicate the income tax form that was used to document income. If you did not file a federal or New York State income tax return for the required year, complete Form RP-425-Wkst, *Income for STAR Purposes Worksheet*, and submit it with Form RP-425-E and this form.

Privacy notification

The Privacy Act of 1974 requires us to advise you that the law which allows us to ask for your Social Security numbers is New York Real Property Tax Law section 425 (4)(b). It is mandatory that you furnish your Social Security numbers. Once you furnish them, they will be forwarded to the New York State Department of Taxation and Finance, which will use them to verify, or attempt to verify, whether your income is greater than the applicable income standard for purposes of the Enhanced STAR exemption. **If you do not furnish your Social Security numbers, you will be unable to receive an Enhanced STAR exemption.**
