

INSTRUCTIONS FOR HOMEOWNER TAX BENEFITS APPLICATION

OVERVIEW

This application is for the following homeowner property tax benefits programs:

- Basic and Enhanced School Tax Relief (STAR)
- Senior Citizen Homeowners' Exemption (SCHE)
- Disabled Homeowners' Exemption (DHE)
- Veterans' Exemptions (Basic, Combat and Disabled)
- Clergy

APPLICATION DEADLINE

Your application must be postmarked by March 15, 2017. If eligible, benefits will begin July 1, 2017.

Please mail applications to:

NYC Department of Finance
P.O. Box 311
Maplewood, NJ 07040-0311

Faxes will not be accepted. Keep a copy of your completed application and the instructions for your records. Only mail the application and supporting documentation (not the instructions).

IMPORTANT

Before mailing your application, please review it to make sure it is completed. Make sure all questions are completely answered. Please review the Required Documents Checklist (see page 6) to make sure you have attached all of the required documentation. We cannot process your application without all of the required documents.

INSTRUCTIONS

SECTION 1 - PROPERTY INFORMATION

Give the complete address and the Borough, Block and Lot number of the property for which you are seeking tax benefits and the date you purchased the property. The Borough, Block and Lot (BBL) numbers for properties can be found on the Finance website at nyc.gov/bbl, your deed/stock certificate, or property tax bill. Co-op owners can also check with their management agent for the information. Provide the date you purchased the property or co-op shares.

Indicate the type of property by checking the appropriate box. If the property is a co-op, please provide the number of shares and the name and contact number of the management company/agent. If you checked 4+ family home, please provide the percentage of space used as your primary residence.

If any percentage of the property is used for non-residential purposes, please indicate the percentage in Section 1 of the application.

SECTION 2 - OWNER INFORMATION

This section must be completed for all owners/shareholders of the property (each person on the deed or stock certificate). For the purposes of this application, the "owner" includes co-op unit shareholders. Information for all owners is required even if all of the owners do not reside at the property. If there are more than two owners, use the Additional Owners Information and Certification form, which is part of this application.

Provide the name, date of birth and Social Security number for all owners on the deed or stock certificate. Social Security numbers must be included or Finance cannot process your application. If you are a foreign national, please provide your Individual Taxpayer Identification Number (ITIN).

Indicate if this is the primary residence for each owner. Indicate if the owners are spouses or brothers/sisters by checking the appropriate box.

For properties owned by a trust: If applying for STAR, all beneficiaries, not trustees, must be listed as owners and submit the required documents. At least one beneficiary must live on the property. If applying for SCHE/DHE/Veteran, all trustees or the sole beneficiary of the property must be listed as owners. For SCHE, all trustees or the sole beneficiary must live on the property. For Veteran and DHE, at least one trustee or beneficiary must live on the property. **Include a copy of the trust agreement with your completed application.**

For properties with a life estate: The holder of the life estate must complete the owner information section. **A copy of the life estate agreement must be submitted with your application.**

If the property is owned by a business, homeowner benefits will not be granted.

To be eligible for the SCHE/DHE, the property must be the primary residence of, and must be occupied by, all eligible owners of the property unless an owner is absent from the property due to:

- Divorce, legal separation, or abandonment; or,
- Receiving inpatient health related services at a residential health care facility and the property is not occupied by anyone other than the spouse or co-owner.

A residential health care facility is a nursing home or other facility that provides lodging, board and physical care.

If either of the above applies, please attach documentation with your application.

SECTION 3 - ADDITIONAL PROPERTY INFORMATION

Answer all questions regarding other property owned and the benefit status. If there are multiple properties, please complete and return the Additional Property Information and Certification, on page 4. You may print out and complete multiple copies of page 4, if additional pages are needed.

If you no longer receive benefits on the additional property outside of NYC, you must submit a letter from the County/State local Assessor's office indicating there are no benefits on other property.

SECTION 4 - INCOME INFORMATION

If you are applying for the Basic/Enhanced STAR, Senior Citizen and/or the Disabled Homeowners benefits, you must provide proof of income for calendar year 2015 for all owners.

Owners who file a Federal Income Tax return must attach a complete copy of their 2015 return including all schedules and attachments for all owners.

Owners who are not required to file a Federal Income Tax return must attach copies of any income documentation, such as a state income tax return, 2015 Social Security Benefits statements or 1099 forms, Individual Retirement Account (IRA) Earnings statements, W-2, etc.

If you are applying for a Senior Citizen or Disabled Homeowners exemption, attach documentation of any unreimbursed medical or prescription expenses. These expenses will be deducted from your income.

Basic and Enhanced STAR: Income Thresholds and Definitions

- Basic STAR - Total household income of \$500,000 or less for resident owners and resident spouses.
- Enhanced STAR - Total household income of \$84,550 or less for all owners and resident spouses, regardless of where they live.

Note: If you are a Senior Citizen applying for an Enhanced STAR property tax exemption who has had a decrease in income from 2015 to 2016 due to the death of your spouse or registered domestic partner and can provide proof of your 2016 income with your application you may submit your 2016 income in place of the required 2015 income documentation.

Total household income is defined as the Federal Adjusted Gross Income less the taxable amount of IRA distributions. Your Federal Adjusted Gross Income can be found as a line item on your 1040, line 37, 1040A, line 21 or 1040EZ, line 4 federal tax form.

Senior Citizens and Disabled Homeowners: Income Thresholds and Definitions

Senior Citizens and Disabled Homeowners - Total combined income (TCI) of \$37,399 or less for all the owners and their spouses regardless of where they live. Please note, TCI is not only your Federal Adjusted Gross Income.

Total combined income for SCHE and DHE includes the following:

- All social security payments
- Salaries and wages (including bonuses)
- Interest (including nontaxable interest)
- IRA and Annuity Earnings
- Ordinary dividends
- Net earnings from farming, rentals, business or profession (including amounts claimed as depreciation for income tax purposes)
- Income from estates or trusts
- Capital gains
- Gains from sales or exchanges
- Payments from governmental or private retirement or pension plans
- Annuity payments (excluding amounts representing a return of capital)
- Alimony or support money
- Unemployment insurance payments, disability payments, workers' compensation, etc.
- Veteran's Disabled Benefit (for DHE only)

Income does not include:

- Supplemental Security Income (SSI)
- Temporary Cash Assistance (Public Assistance)
- Mortgage proceeds (but any interest or dividends realized from the investment of such proceeds are income)
- Gifts, inheritances or a return of capital
- Nazi persecution reparation payments
- Federal Foster Grandparent Program payments
- Distribution from an IRA

Allowable deductions for SCHE and DHE only:

- Unreimbursed medical and prescription drug expenses. Do not submit any unpaid bills.
Form of Proof: cancelled checks, money orders, cash receipts or 1040 Schedule A.

SECTION 5 - OCCUPANCY INFORMATION

For the Disabled Homeowner Exemption, at least one owner must have a documented physical or mental disability, not due to the use of alcohol or illegal drugs.

Indicate if any children, including those of tenants, live on the property and currently attend a New York City public school, Grades Pre-K to 12.

Indicate if the property is within a housing development that is controlled by a Mitchell-Lama, Limited-Profit Housing Company, Limited Dividend Housing Company, Redevelopment Company, or Housing Development Fund Company. Please contact your property manager or managing agent to confirm if you are unsure.

Indicate if any of the owners receive SCRIE or DRIE benefits for the property. This information can be accessed at nyc.gov/finance.

SECTION 6 - SENIOR CITIZEN HOMEOWNERS (SCHE) AND ENHANCED STAR

If you are applying for a Senior Citizen Homeowners Exemption and/or Enhanced STAR, you must provide a copy of a government-issued ID, such as a driver's license, passport or birth certificate. To be eligible for SCHE and Enhanced STAR, all owners must be at least 65 by December 31, 2017. If the property is owned by spouses or siblings, one of the owners must be 65 by December 31, 2017.

NYC property owners currently receiving the Senior Citizen Homeowner Exemption: If you moved into a new home and received SCHE for your previous home, you have 30 days from the date of purchase to submit your application in order to be eligible for the benefit for the current tax year on your new home.

SECTION 7 - DISABLED HOMEOWNERS (DHE)

To be eligible for the Disabled Homeowner exemption, an owner must receive one of the following forms of disability-related financial assistance:

- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- Railroad Retirement Disability Benefits (RRDB)
- Disability pension from the US Postal Service

To receive the Disabled Homeowner exemption, you must submit a copy of one of the following required documents:

- 2015 award letter from Social Security Administration
- Award letter from the Railroad Board or U.S. Postal Service
- Certificate from the State Commission for the Blind or Visually Handicapped

If you only receive workman's compensation, you are not eligible for the Disabled Homeowner exemption.

SECTION 8 - VETERAN HOMEOWNERS (BASIC, COMBAT AND DISABLED EXEMPTIONS)

Indicate if any of the owners are veterans, the spouse or widow/widower of a veteran who has not remarried, or parents of a soldier killed in action. Veterans are former members of the United States armed forces or the

Merchant Marines (during World War II) or recipients of expeditionary medals. Please note that the veteran **must** have been called to active duty during one of the following periods of conflict:

- | | |
|---------------------------|--------------------------------------|
| ■ <i>World War I</i> | April 6, 1917 - November 11, 1918 |
| ■ <i>World War II</i> | December 7, 1941 - December 31, 1946 |
| ■ <i>Korean Conflict</i> | June 27, 1950 - January 31, 1955 |
| ■ <i>Vietnam War</i> | February 28, 1961 - May 7, 1975 |
| ■ <i>Persian Gulf War</i> | Beginning August 2, 1990 |

Please note that the Persian Gulf Conflict includes, but is not limited to Operation Enduring Freedom, Operation Iraqi Freedom (Iraq invasion in 2003) and Operation New Dawn (Afghanistan), Operation Joint Forge, Operation Joint Endeavor, and Operation Joint Guard.

To receive a veteran exemption, you must provide a copy of the DD-214 or separation papers for each veteran. You can obtain your DD-214 by calling 1-866-272-6272 or by visiting archives.gov/veterans. Separation must be under honorable conditions to qualify.

“Combat zone” refers to a location of active combat, such as Vietnam during the Vietnam War. Veterans who served during a period of conflict but who were stationed in non-combat areas (for example, a soldier who was in the service during the Vietnam War dates but who was not stationed in Vietnam or another combat area) should check “No” to the combat zone question. If you checked yes, indicate the combat zone in which the veteran served.

If the Veterans’ Administration designates the veteran as disabled, you may be eligible for a disabled veteran exemption. Submit a copy of a Veterans Administration letter for the veteran that indicates the disability rating. You can obtain your disability rating from the US Department of Veterans Affairs by calling 1-800-827-1000 or by visiting ebenefits.va.gov.

NYC property owners currently receiving the Veteran Homeowner Exemption: Eligible homeowners who move from one New York City property to another can apply to transfer the benefit mid-year to the new property.

SECTION 9 – CLERGY INFORMATION

A clergy member is defined as belonging to any religious denomination. The clergy member must:

1. Perform work assigned by the clergy member’s denomination as their principal occupation;
2. Be unable to perform such work due to illness or impairment; or
3. Be over the age of 70.

A member of the clergy does not have to occupy the New York City property they own to be eligible for the clergy exemption but must be a resident of New York State. If the member of the clergy is deceased, the surviving spouse may be eligible for a tax reduction for the house the couple owned as long as the surviving spouse still owns the property, is a New York State resident and has not remarried. If the clergy member works for a denomination to which s/he does not belong to, they may not be eligible for the exemption.

SECTION 10 - SIGNATURES AND CERTIFICATIONS

All owners must sign and date the application whether or not they reside at the property.

Please provide a phone number and email address where we can contact you if we have questions about your application.

EXEMPTION APPLICATION FOR TAX YEAR 2017/2018

REQUIRED DOCUMENTS CHECKLIST

Find the exemptions you are applying for and look down the column to see what you are required to submit with this application. If you do not submit the required documents you will not be approved. After review of your application, additional documentation may be required to make a determination.

REQUIRED DOCUMENTS	Basic STAR	Enhanced STAR	Senior Citizen Home Owner (SCHE)	Disabled Home Owner (DHE)	Veteran	Clergy
PROOF OF AGE Copy of a Government-issued ID (ex: Driver's License, Passport or birth certificate).		✓	✓			
PROOF OF INCOME Copies of 2015 federal tax returns and schedules/attachments for all owners. If any owners do not file a tax return, proof of 2015 earnings (Social Security, 1099 forms, IRA earnings, W-2)	✓	✓	✓	✓		
PROOF OF DEDUCTIONS Copies of receipts for unreimbursed medical or prescription expenses			✓	✓		
PROOF OF DISABILITY One (1) of the following for an owner: <ul style="list-style-type: none"> • Copy of the award letter from the Social Security Administration • Copy of the award letter from the Railroad Board or the U.S. Postal Service • Copy of a certificate from the State Commission for the Blind and Visually Handicapped 				✓		
PROOF OF VETERAN <ul style="list-style-type: none"> • Copy of DD-214 or separation papers for each veteran • For each disabled veteran, copy of Veteran's Administration letter documenting the disability rating 					✓	
PROOF OF CLERGY MEMBER <ul style="list-style-type: none"> • Copy of verification letter from employer If inactive one of the following in addition to the above: <ul style="list-style-type: none"> • Physician's statement • Copy of a government-issued ID • Copy of marriage certificate and a copy of your spouse's death certificate 						✓

TAX BENEFITS APPLICATION FOR HOMEOWNERS

2017/18

This application is for your eligible New York City primary residence. Please read the instructions before you fill it out. If you have questions, contact 311 or visit nyc.gov/contactfinance.

Applications with all required documents must be postmarked by March 15, 2017. Please submit all required documents. Failure to do so will delay processing or result in denial.

(if the deadline falls on a weekend or national holiday, the application must be postmarked by the following business day to be eligible for the 2017/18 tax year)

Please check the box of each exemption you are requesting:

<input type="checkbox"/> Basic STAR Sections 1, 2, 3, 4, 10	<input type="checkbox"/> Enhanced STAR Sections 1, 2, 3, 4, 5, 6, 10	<input type="checkbox"/> Senior Sections 1, 2, 3, 4, 5, 6, 10	<input type="checkbox"/> Disabled Sections 1, 2, 3, 4, 7, 10	<input type="checkbox"/> Veteran Sections 1, 2, 3, 8, 10	<input type="checkbox"/> Clergy Sections 1, 2, 3, 9, 10
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SECTION 1 - PROPERTY INFORMATION

HOUSE NUMBER _____ STREET NAME _____ APARTMENT/UNIT _____

ZIP CODE _____ Borough/Block/Lot: YOUR PROPERTY'S BLOCK AND LOT CAN BE FOUND AT nyc.gov/bbl

Date you purchased the property:
MM DD YYYY

Type of Property:
 1-, 2-, 3-family dwelling **4+ family dwelling** and the percent of space used for primary residence: _____ %
 Condominium Unit **Cooperative** - Number of shares for your unit: _____

Coop Management Company: _____ Phone # _____
CONTACT NAME COMPANY

Is any portion of the property used for other purposes (commercial, professional office, etc.)? **YES** **NO**
If YES: Percentage of space used for other purposes: _____ %

SECTION 2 - OWNER INFORMATION

If there are more than two owners, please complete the Additional Owners Information and Certification section of the application.

Owner #1: _____ Date of Birth:
FIRST NAME LAST NAME MM DD YYYY

Social Security #: Is this Owner #1's Primary Residence? **YES** **NO**

Owner #2: _____ Date of Birth:
FIRST NAME LAST NAME MM DD YYYY

Social Security #: Is this Owner #2's Primary Residence? **YES** **NO**

If any owner does not use the property as their primary residence, please answer the following questions.

Is an owner receiving medical care as an in-patient at a residential health care facility? **YES** **NO**

Is an owner absent from the residence due to other residency? **YES** **NO**

Is an owner absent from the residence due to divorce, legal separation or abandonment? **YES** **NO**

If YES to any of the above, please provide the absent owner's name: _____

SECTION 2 - OWNER INFORMATION - Continued

Are owners #1 and #2 married? YES NO Are owners #1 and #2 brothers/sisters? YES NO

Is this property owned by a trust? YES NO Is there a Life Estate on this property? YES NO

Name of person with life estate: _____

If YES, read "Section 2 - Owner Information" in the instructions for information on completing this section.

You must provide a copy of the trust agreement or life estate with your application.

SECTION 3 - ADDITIONAL PROPERTY INFORMATION

Do any owners own additional property/units? YES NO If YES, how many do all of the owners own? _____

Complete the following for each additional property/unit. If the property is within NYC, please give Borough, Block and Lot number:

Borough _____ Block _____ Lot _____

OWNER NAME _____ STREET ADDRESS _____ CITY AND ZIP CODE _____

Benefits Received: Basic STAR Enhanced STAR Senior Disabled Veteran Abatement

Other: _____

If property/unit sold, sale date:

	■		■	
MM		DD		YYYY

 Benefits will be removed from the NYC property.

If you need to list additional properties, please complete page 5. You can only receive a benefit on your primary residence.

SECTION 4 - INCOME INFORMATION

I attached copies of the 2015 federal tax return and schedules for **all** owners and spouses. YES NO

If NO, I certify that I am not required to file and I have attached proof of 2015 earnings (State income tax return, Social Security, 1099 forms, W-2, etc.) YES

Name of owner(s) not required to file tax forms: _____

Senior Citizen and Disabled Homeowners: Please attach documentation for any unreimbursed medical or prescription expenses for 2015. Do not submit copies of unpaid bills.

SECTION 5 - OCCUPANCY INFORMATION

Do any children, including those of tenants, live on the property and attend a New York City public school, Grades Pre-K to 12? YES NO

Do any of the owners receive Senior Citizen Rent Increase Exemption and/or Disabled Rent Increase Exemption benefits for the property? YES NO

Is the property within a housing development that is controlled by a Mitchell-Lama, Limited-Profit Housing Company, Limited Dividend Housing Company, Redevelopment Company, or Housing Development Fund Company? YES NO

SECTION 6 - SENIOR CITIZEN HOMEOWNERS

I included a copy of a government-issued ID for all owners who will be 65 or older by December 31, 2017. YES

SECTION 7 - DISABLED HOMEOWNERS

Do any of the owners or their spouses receive disability income, such as: Social Security Disability Insurance, Supplemental Security Income, Railroad Retirement Disability Benefits or a Disability Pension? YES NO

If yes, submit a copy of one or more of the following required documents:

- Social Security Administration award letter
- Railroad Retirement Board or the U.S. Postal Service award letter
- State Commission for the Blind and Visually Handicapped certificate
- Veteran Administration letter

SECTION 8 - VETERAN HOMEOWNERS

Are any of the owners a veteran who served during a period of conflict? List years of service. Ex.: 1965 - 1972_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any of the owners a spouse or a widow/er of a veteran who has not remarried or a parent of a soldier killed in action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the veteran serve in a combat zone or theater? If yes, where? (combat zone or theater)_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the veteran disabled in the line of duty? If yes, submit a copy of a letter from the VA documenting the disability rating for each veteran.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I submitted a copy of the DD-214 or separation papers for each veteran.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 9 - CLERGY INFORMATION

Are you an active member of the clergy primarily responsible for ministerial work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If NO , were you unable to perform such work due to an illness or impairment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you over age 70?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you an unmarried surviving spouse of the clergy member?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any secular employment which may make you ineligible for the exemption?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If **YES**, please explain: _____

Check the box(es) indicating the documentation you submitted to prove eligibility.

I submitted a verification letter from the church employer	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I submitted a physician's statement documenting the illness or impairment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I submitted a copy of a government-issued ID, birth certificate or baptismal certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I submitted a copy of my marriage certificate and a copy of my spouse's death certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 10 - CERTIFICATION AND CONTACT INFORMATION

By signing below, I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit and should the Department of Finance determine that I made false statements, I may lose my future exemptions and be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.

Important: By submitting this application, you acknowledge that you are required to notify DOF of any changes that may affect your eligibility for benefits.

ALL OWNERS MUST SIGN AND DATE THIS APPLICATION, WHETHER THEY RESIDE ON THE PROPERTY OR NOT.

If there are more than two owners, please complete the Additional Owners Information and Certification.

OWNER #1
SIGNATURE: _____ DATE: _____

OWNER #2
SIGNATURE: _____ DATE: _____

How can we contact you? _____
PHONE NUMBER _____ EMAIL _____

MAILING INFORMATION

Mail this completed application and ALL REQUIRED DOCUMENTATION to:
NYC Department of Finance, P.O. Box 311, Maplewood, NJ 07040-0311

PRIVACY ACT NOTIFICATION - Under the Federal Privacy Act of 1974, if we ask you to give us your social security number, we must tell you whether or not you are obligated to provide us with the social security number, our legal right to ask you for the information, and how we plan to use it. You must list your taxpayer identification number (SSN, ITIN or EIN) in order to apply for an exemption from real property taxes. We are asking this information to make sure that our records are accurate, and that you have submitted accurate information. Our legal right to require this information is contained in Section 1-102.1 of the Administrative Code. This authorizes the Department of Finance to require any person to provide a taxpayer identification number so that we may administer and collect taxes.

ADDITIONAL OWNERS INFORMATION AND CERTIFICATION

INSTRUCTIONS: Please add each additional owner below in response to questions in Section 2 of the application. This page is part of your application, and may be duplicated and attached if additional pages are necessary. If there are more than six (6) owners, please copy this sheet and complete as required.

OWNER #3:

_____ FIRST NAME _____ LAST NAME _____

Date of Birth: Social Security #:

MM DD YYYY

Is Owner #3 a New York State Resident? **YES** **NO**

If No, please give Owner #3's primary residence address: _____

STREET ADDRESS CITY STATE ZIP CODE

Relationship to other owners: _____

OWNER #4:

_____ FIRST NAME _____ LAST NAME _____

Date of Birth: Social Security #:

MM DD YYYY

Is Owner #4 a New York State Resident? **YES** **NO**

If No, please give Owner #4's primary residence address: _____

STREET ADDRESS CITY STATE ZIP CODE

Relationship to other owners: _____

OWNER #5:

_____ FIRST NAME _____ LAST NAME _____

Date of Birth: Social Security #:

MM DD YYYY

Is Owner #5 a New York State Resident? **YES** **NO**

If No, please give Owner #5's primary residence address: _____

STREET ADDRESS CITY STATE ZIP CODE

Relationship to other owners: _____

OWNER #6:

_____ FIRST NAME _____ LAST NAME _____

Date of Birth: Social Security #:

MM DD YYYY

Is Owner #6 a New York State Resident? **YES** **NO**

If No, please give Owner #6's primary residence address: _____

STREET ADDRESS CITY STATE ZIP CODE

Relationship to other owners: _____

I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit and should the Department of Finance determine that I made false statements, I may lose my future exemptions and be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.

ADDITIONAL PROPERTY INFORMATION AND CERTIFICATION

INSTRUCTIONS: Please add each additional property below in response to questions in Section 3 of the application. This page is part of your application, and may be duplicated and attached if additional pages are necessary.

ADDITIONAL PROPERTY #1:

Reason for inclusion: In State Property: currently receives exemption in New York State/New York City
 In State Property: sold within last 12 months and received exemption in New York State/New York City

Date of Sale:
MM DD YYYY

Out of State property: currently receives exemption in a state outside of New York

OWNER NAME STREET ADDRESS CITY, STATE AND ZIP CODE

If property is within New York City, please include the borough, block and lot.
BOROUGH BLOCK LOT

Benefits Received:

Exemptions Received: Basic STAR Enhanced STAR Senior Disabled Veteran
 Other.

Comments:

ADDITIONAL PROPERTY #2:

Reason for inclusion: In State Property: currently receives exemption in New York State/New York City
 In State Property: sold within last 12 months and received exemption in New York State/New York City

Date of Sale:
MM DD YYYY

Out of State property: currently receives exemption in a state outside of New York

OWNER NAME STREET ADDRESS CITY, STATE AND ZIP CODE

If property is within New York City, please include the borough, block and lot.
BOROUGH BLOCK LOT

Benefits Received:

Exemptions Received: Basic STAR Enhanced STAR Senior Disabled Veteran
 Other.

Comments:

ADDITIONAL PROPERTY #3:

Reason for inclusion: In State Property: currently receives exemption in New York State/New York City
 In State Property: sold within last 12 months and received exemption in New York State/New York City

Date of Sale:
MM DD YYYY

Out of State property: currently receives exemption in a state outside of New York

OWNER NAME STREET ADDRESS CITY, STATE AND ZIP CODE

If property is within New York City, please include the borough, block and lot.
BOROUGH BLOCK LOT

Benefits Received:

Exemptions Received: Basic STAR Enhanced STAR Senior Disabled Veteran
 Other.

Comments:

I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit and should the Department of Finance determine that I made false statements, I may lose my future exemptions and be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.