



FINANCE
NEW YORK
THE CITY OF NEW YORK
DEPARTMENT OF FINANCE
nyc.gov/finance

EXEMPTION & ABATEMENT APPLICATION FOR OWNERS

Mail to: NYC Department of Finance, P.O. Box 3120, Church Street Station, New York, NY 10008-3120. Fax to: 212-361-7799

Instructions: Owners are eligible for several exemption programs that will reduce their property taxes. This application can be used to apply for the following exemption programs: Basic and Enhanced STAR (School Tax Relief), the Senior Citizen, Veteran, Disabled, and Clergy exemptions and the Co-op/Condo abatement program. Read instructions carefully for further information on how to complete this application.

SECTION I - OWNER INFORMATION

List the names of all owners of the property, as shown on the deed or proprietary lease. Attach a separate sheet if the property has more than two owners.

1. Owner #1's Name:

a. _____ b. _____
FIRST NAME LAST NAME

c. Is this Owner #1's primary residence? YES NO

d. Social Security #: e. Date of Birth:
MM DD YY

2. Owner #2's Name:

a. _____ b. _____
FIRST NAME LAST NAME

c. Is this Owner #2's primary residence? YES NO

d. Social Security #: e. Date of Birth:
MM DD YY

SECTION II - PROPERTY INFORMATION

1. Address: a. _____ b. _____ c. _____
STREET # STREET NAME APT. #

2. Borough: _____ 3. Block #: _____ 4. Lot #: _____ 5. Zip Code: _____

6. When did you purchase your property?

MM DD YY

7. If the property is in a cooperative development, how many shares does the apartment contain? _____

8. Management Company/Agent Contact Information:

a. _____ b. Telephone Number _____
NAME OF MANAGEMENT COMPANY Daytime

c. _____ d. _____ e. Zip Code: _____
STREET # STREET NAME

f. _____ g. _____
AGENT'S FIRST NAME AGENT'S LAST NAME

CO-OP/CONDO
OWNERS

SECTION III - INCOME INFORMATION

SENIORS & HOMEOWNERS WITH DISABILITIES

- 1. Please provide the total federal adjusted gross income of all owners of the property and their spouses who are required to file a federal tax return. \$ _____
- 2. If *all the owners* were not required to file a federal tax return, check this box _____ → Not Required to File
- 3. Do any of the owners listed in Section I or their spouses receive Social Security Disability Insurance, Supplemental Security Income, Railroad Retirement Disability Benefits, or other disability income (including disability pension)? YES NO

SECTION IV - ELIGIBILITY INFORMATION

VETERANS

- 1. a. Are any of the owners listed in Section I veterans; spouses, unremarried widows or widowers of veterans; or the parent of a soldier killed in action? YES NO
If "YES" to 1a, answer Questions 1b through 1d. If "NO" to 1a, skip to Question 2.
- b. Did the veteran serve during a period of conflict? YES NO
- c. Did the veteran serve in a combat zone? YES NO
- d. Was the veteran disabled in the line of duty? YES NO
- e. If you checked "YES" to 1d, please indicate the percentage of the veteran's disability: _____%

CLERGY

- 2. Are you an active or retired member of the clergy who is/was primarily responsible for ministerial work or the unmarried surviving spouse of a member of the clergy? YES NO

SECTION V - SIGNATURES AND CERTIFICATIONS

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 Finance determine that I do not qualify for tax exemptions and abatements, I will be disqualified from future exemptions and abatements and will be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.

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

_____/_____/_____
OWNER'S SIGNATURE DATE

_____/_____/_____
OWNER'S SIGNATURE DATE

Contact Information:

If we have a question about this application, whom should we contact?

Contact Name: _____

Telephone #: _____ Email Address: _____

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

The Department of Finance will inform you of all exemption benefits that you are eligible for within 60 days of receipt of this application.