

APPLICATION FOR CORRECTION OF PROPERTY TAX ASSESSMENT

FOR CLAIMS RELATING TO THE VALUATION OF PROPERTY OTHER THAN A 1, 2 OR 3 FAMILY HOME

PART A: GENERAL INFORMATION

List separately-assessed tax parcels on the same or adjacent blocks that constitute an economic unit; list in numerical order:

Table with 2 columns: Parcel number (section, block, lot, bldg, unit) and house # and street or description. Includes 6 rows of blank lines for data entry.

Taxpayer-applicant's name _____

Form: Individual Limited liability co. Partnership Trust Publicly-traded corp. Other corp. Association

Relation to property: Owner of record Lessee of entire property Buyer Condominium board

Other relation: _____

Property owners (if applicant is not sole owner) _____

List of attachments _____

PART B: TAXPAYER'S ESTIMATE OF FULL MARKET VALUE (must be completed)

I believe the market value of the property is \$ _____

PART C: CONTACT INFORMATION AND REPRESENTATION

Representative: Self Officer, manager or member Lawyer Tax reduction service or other paid representative

Name _____

Address _____

Telephone _____ Fax _____ E-mail _____

ARC may schedule a conference in some cases. Which is your preference? No conference Telephone In-person

PART D: PROPERTY INFORMATION

Year acquired _____ Price \$ _____ Was it an arms-length sale? Yes No Approximate year built _____

Is property offered for sale or under contract? Yes No Price \$ _____ Attach contract of sale or listing.

Has any construction or alteration been started or completed in the past 3 years? Yes No. Cost as of Jan 4. \$ _____

Have you expanded the rentable floor area by building up or out, or by converting mechanical or common areas? Yes No

Is part of the property rented or offered for rent (other than to the applicant or related individuals or businesses)? Yes No

You may file your appeal on line at www.nassaucountyny.gov

Approximate number of tenants: Retail _____ Office _____ Industrial _____ Apartment _____ Other _____

Is any commercial space leased for a term of a year or more? Yes No. Number of new leases in past 3 years _____

Is the property used by the taxpayer's family or business? All None Part: _____

Describe use by taxpayer, including any trade names _____

Is there a plan of correction of: Environmental contamination? Yes No. Structural defects or code violations? Yes No

Has new or additional mortgage debt been placed on the property during the past three years? Yes No If yes, specify:

Total debt, term in months and interest rate: _____

Other facts _____

If there are pending village or city assessment review proceedings, list final roll years and calendar number: _____

_____ Most recent resolution of proceedings _____

PART E: ASSESSMENT REQUESTED

- a. Tentative assessment (optional) \$ _____
- b. Applicant's estimate of full market value (from Part B) \$ _____
- c. Correct level of assessment (optional) × _____%
- d. Requested assessment = line b × c \$ _____
- e. Evidence of level of assessment (optional) _____

PART F: STATEMENT OF CLAIM AND CERTIFICATION (must be completed)

I, or the individual or entity for which I am authorized to act, own the property or otherwise bear responsibility for payment of the taxes. I ask the Assessment Review Commission to correct the assessment of the property by multiplying my estimate of the full market value of the property by the correct level of assessment for property in the same class on the Nassau County assessment rolls. If the result is less than the tentative assessment, I request that the assessment be reduced to that amount.

I, certify that all statements made in this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statements of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.

Name of individual certifying this statement _____

The individual certifying is: The applicant Authorized representative listed in Part C Member or manager of applicant LLC General partner of applicant Officer of corporate applicant Qualified fiduciary Officer of condominium association Officer of applicant's corporate member or partner (name of corporation: _____)

_____ → _____
Date Signature of applicant or representative

INSTRUCTIONS FOR FORM AR2 -- See separate instruction sheet for more information

File between January 4, 2010 and March 1, 2010. File your appeal on line at www.nassaucountyny.gov. Or, complete this form and mail or deliver it to the Assessment Review Commission, **240 Old Country Road, Mineola, NY 11501**. Answer all questions in Parts A - D. Attach additional sheets or copies of documents as necessary. If the property has residential or commercial tenants, attach (1) a rent roll that describes the entire property, including portions that are owner-occupied or vacant, (2) income and expense statements for the past two years, and (3) abstracts or copies of commercial leases. Attach the contract of sale and closing statement if recently sold. Visit ARC's web site or call **516-571-2391** if you need other forms or instructions. Use this form for claims based on the value of the property. Use only form AR3 if your claim relates to the property's tax class or exempt value in addition to or instead of the property value. Use form AR1 for a 1, 2 or 3 family home. The application is defective if parts B or F are omitted.