

APPLICATION FOR PARTIAL EXEMPTION FOR REAL PROPERTY OF PERSONS WITH DISABILITIES AND LIMITED INCOMES 2010-2011

(Please refer to the instructions before filling out the application.)

Property Address

House Number & Street: _____ Apt. Number _____

City _____ State _____ Zip Code _____

Property Identification

Town _____ S.D. _____ Section _____ Block _____ Lot _____ CA/Bldg. _____ Tax Unit _____
For Condos & Co-ops

Ownership

Names of Owners (as recorded on latest deed)	Marital Status	Date of Birth	Social Security Number
a)			
b)			

Telephone Number: Day () _____ Evening () _____

Proof of Ownership. Indicate ALL documents that apply and submit them with this application.

Co-op owners must attach a copy of the Certificate of Shares.

- Latest recorded deed – Liber/Deed # _____ Page # _____ Other
 Probated Will(s) of deceased owner(s) Entire Trust – If property is in a trust.

If any owner appearing on any proof of ownership or the spouse of any owner is deceased, a death certificate must be included with this application.

Proof of Age. Indicate documents submitted for ALL owners.

- Birth Certificate Driver's License Passport Naturalization Papers Other: _____

Proof of Residency. Indicate ALL documents submitted for ALL owners.

- Social Security 1099 Current NYS car registration NYS Resident income tax return

- a. Do all owners presently reside on the property to be exempted? Yes No
 b. Is the non-resident owner absent from the residence due to divorce, legal separation or abandonment?

Explain _____ Yes No

- c. Is an owner receiving medical care as an inpatient in a health care facility? Yes. Date admitted _____ No

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

Name & Location of School(s) _____

If children attend school, a letter from the school is required verifying student's enrollment.

NAME(S) of all Adults and Children Living in the Household	AGE of Others Living in the Household	Rent / Contribution to Household Per Month

DISABILITY – Description of nature of applicant's physical or mental impairment which substantially limits one or more major life activities.

Proof of Disability – Notice of Award letter(s) must be included with this application. Disability monies must have been received in 2008.

- _____ *Notice of Award Letter* from Social Security of entitlement to Disability Insurance or Supplemental Security Income (SSI).
 _____ *Award Letter* from Railroad Retirement Board of entitlement to railroad retirement disability benefits.
 _____ *Certificate* from State Commission for the Blind and Visually Handicapped stating that applicant is legally blind.
 _____ *Award Letter* from United States Postal Service verifying disability pension.

If disability was approved by the State of New York Compensation Board a NOTICE OF DECISION by the Board must be submitted. Disability monies must have been received in 2008.

Indicate: Worker's Compensation Case # _____
 Name of Carrier and Carrier's Case # _____
 Date of Disability _____
 List of Continuing Payments _____

STATEMENT OF INCOME

The entire 2008 Federal and State Income Tax Return with Schedules and 1099's must be attached to this application. If you were not required to file a return, verification of all taxable and non-taxable income must be submitted. You may be required to submit an IRS printout of all income statements.

SOURCES OF INCOME FROM ALL OWNERS & OWNER'S SPOUSE	AMOUNT Per Year
Gross Social Security – attach complete copy of SSA/SSDI 1099 form and/or SSI statement	
Salary or Wages – attach W-2's, including self-employment	
Taxable & Non-Taxable Interest – attach all 1099-INT & year-end statements for non-taxable interest	
Taxable & Non-Taxable Dividends – attach all 1099-DIV & year-end statements for non-taxable dividends	
IRA Earnings* - interest, dividends or capital gains (*shown on your IRA year end summary, not found on income tax return). Also include 1099R distribution form (needed for information only)	
Pensions, Annuities & Retirement Plans – attach 1099R statements	
Pensions: VA and/or VA Disability – attach award letter(s)	
Capital Gains – include tax-deferred capital gain distribution statements and Schedule D from tax return	
Rental Income – including all other properties – attach Schedule E from tax return	
Disability/Worker's Compensation – attach current statement of income	
Unemployment Insurance Benefits	
Income from S Corporations with K-1, Partnerships, Estates or Trusts – attach tax return(s)	
Alimony and/or Child Support Payments	
Money from others living in the house toward maintenance, support or expenses	
Gambling winnings	
Other sources of income	
TOTAL OF ALL INCOME	\$

Nassau County currently allows a deduction for UN-REIMBURSED medical and prescription drug expenses. Are you submitting documents for this deduction? Yes No

ALL SUPPORTING DOCUMENTS, AS LISTED BELOW, MUST BE ATTACHED OR THE AMOUNTS ENTERED BELOW WILL NOT BE DEDUCTED. CANCELLED CHECKS WILL NOT BE ACCEPTED AS PROOF OF UN-REIMBURSED EXPENSES.

Attach copies of the following that applies to you:	AMOUNT
<input type="checkbox"/> Printout from the doctor's/dentist's office for all payments and co-payments	\$
<input type="checkbox"/> Printout of annual deductible/out-of-pocket expenses	\$
<input type="checkbox"/> Receipt for payment of private health insurance premiums	\$
<input type="checkbox"/> Printout of payments from the Pharmacy	\$
<input type="checkbox"/> Medicare Premium	\$
<input type="checkbox"/> Printout of out-of-pocket eye/eyeglass expenses	\$
<input type="checkbox"/> Letter from a residential health care facility stating date of admission, date of discharge and un-reimbursed expenses for owner's care	\$
TOTAL	\$

List the address(es) of all additional real estate that you own, either entirely or in part. (Attach additional sheets if necessary)

Certification (All Owners Must Sign)

I (We) certify that all of the above information made on this application is true and correct and that the property listed above is my (our) legal primary residence. I (We) understand it is my (our) obligation to provide any documentation of eligibility that is requested and to notify the assessor if I (we) relocate to another primary residence. I (We) understand that any willfully false statements of fact will be grounds for disqualification from further exemption for a period of five years and a fine as set forth in New York State Real Property Tax Law #459-c.

Signature _____ Date _____ Signature _____ Date _____
If signed by an Attorney-in-fact, a PHOTOCOPY of the Power of Attorney must be included with this application.

Section 459-c of the Real Property Tax Law gives local governments and public school districts the option of granting a reduction in the amount of property taxes paid by qualifying persons with disabilities. To qualify, persons with disabilities generally must have certain documented evidence of their disability and meet certain income limitations and other requirements.

Instructions for Partial Exemption for Real Property of Persons with Disabilities and Limited Incomes

1. Fill out the application completely.
2. The name on the Deed or Shares must correspond with the name on the application. For exceptions to this requirement, see the checklist below.
3. Attach proof of primary residency, entire 2008 federal and state income tax returns, proof of disability, proof of any claimed un-reimbursed medical expenses, a tax bill (if available) and any additional information required by this application and in the checklist below.
4. SUBMIT THIS SIGNED, COMPLETED, ORIGINAL APPLICATION with PHOTOCOPIES of the required documentation to the Limited Income Disability Division, Department of Assessment on or before the taxable status date of January 4.

Please use the following list as a guide to assist you in providing the required documents.

- CERTIFICATE OF SHARES OR PROPRIETARY LEASE – If you live in a Cooperative apartment.
- LATEST RECORDED DEED – A copy of the last deed recorded with Nassau County.
- PROOF OF DISABILITY – Notice of Award letters must be included with this application. DISABILITY MONIES MUST HAVE BEEN RECEIVED IN 2008. Disability monies are counted for the actual income year they are received.
- PROOF OF AGE – Birth Certificate, Baptismal Certificate, Driver’s License, Military ID or Passport.
- PROOF OF LEGAL PRIMARY RESIDENCE – SSA-1099, current Car Registration, or current NYS Income Tax Return. ALL PROOFS OF RESIDENCE MUST HAVE CURRENT ADDRESS.
- A COPY OF YOUR 2008 FEDERAL OR STATE INCOME TAX RETURN(S) – (required for all owners and their spouses) If you are married and filed separately, include both tax returns. If you were not required to file an income tax return, you must attach proof of all taxable and non-taxable income (i.e., 1099 statements of interest, dividends, pension, W-2, etc.)
Federal or State tax return must have name and address on it. You may be required to submit an IRS printout of all income statements.
- PENSION/ VA DISABILITY AWARD LETTER – If you are receiving monies from your deceased spouse.
- PRINTOUTS FROM THE DOCTOR/DENTIST/PHARMACY FOR UN-REIMBURSED EXPENSES – cancelled checks will not be accepted as proof of un-reimbursed expenses.
- A COPY OF THE ENTIRE TRUST – If your property is in a trust, the applicant(s) must be the sole beneficiary during your lifetime.
- A COPY OF THE DEATH CERTIFICATE – If one of the owners on the deed or their spouse is deceased.
- A COPY OF DIVORCE OR LEGAL SEPARATION PAPERS – If the applicant is divorced or legally separated.
- A RECORDED AFFIDAVIT CONFIRMING ABANDONMENT – If applicant claims abandonment, a notarized affidavit must be submitted stating date of abandonment and intent to return (if any).
- A COPY OF THE PROBATED WILL – If the sole owner on the deed is deceased.
- LETTER FROM THE RESIDENTIAL HEALTH CARE FACILITY – If the owner(s) now resides in a residential health care facility. Letter must include date of admission, date of expected discharge (if applicable).

THIS SPACE FOR ASSESSOR'S USE ONLY

Ownership received

Residency received

Income received

Gross Income	
Un-reimbursed Medical Deduction	-
LID Partial Tax Exemption Net Income	\$

Date _____ Approved Denied

Assessor's Signature/Stamp: _____

Assessor's Comments: