

FOR ASSESSOR'S USE ONLY

SCHOOL DISTRICT _____ SECTION _____ BLOCK _____ LOT _____

SCHOOL _____

COUNTY _____

AFFIDAVIT FOR EXEMPTION OF REAL PROPERTY
MINISTER, PRIEST, RABBI OR WIDOW

TO THE ASSESSOR OF THE COUNTY OF NASSAU:
STATE OF NEW YORK)

§ :

COUNTY OF NASSAU)

NAME: _____ being duly sworn deposes and says:

(STRIKE OUT WORDS OR SENTENCES NOT APPLICABLE):

- 1) That he/she is the owner of real property situated in the _____ (City, Town, or Village) of _____, County of Nassau, State of New York, which property is described on the assessment roll of the County Nassau as follows: _____ County Land and Tax Map Section _____ Block _____ Lot _____ and that the deed for said property was dated _____ and was recorded in the office of the Clerk of the County of Nassau on _____ in Liber _____ Page _____.
- 2) That he/she is an actual resident and inhabitant of the _____ (City, Town, Village) of _____, County of Nassau, State of New York.
- 3) That he/she is engaged in ministerial work assigned to him/her by the, _____ (Church/Temple or Denomination, to which he/she belongs), and that his/her principal occupation is such work.
(Attach a copy of ministerial certification, ordination or equivalent. Disregard if previously submitted)
- 4) **NAME** and **ADDRESS** of **House of Worship** where duties are performed: **(must be updated yearly)**
NAME: _____
ADDRESS: _____
- 5) That he/she is the owner of **OTHER** real property located at: (supply complete address)

- 6) Do you receive an exemption on **OTHER** real property mentioned in number 5?
Yes _____ No _____
- 7) That he/she is disabled by impaired health from the performance of such duties.
Yes _____ No _____
(ATTACH DOCUMENTATION – EX: Physician’s Statement. **Must be updated yearly**)
- 8) That he/she is more than seventy years of age. M / D / Y _____ / _____ / _____
(ATTACH DOCUMENTATION – EX: Birth Certificate or License. Disregard if previously submitted)
- 9) That he/she is the widow/widower of _____, who was a resident of the _____ (City, Town or Village) of _____, County of Nassau, State of New York and who was a clergyperson of the _____ (Church/Temple or Denomination) at _____, County of Nassau, State of New York, and who at the time of his/her death was receiving or was lawfully entitled to receive exemption, under the provisions of the Tax Law of the State of New York, and that the widow/widower has not remarried. (If not previously receiving an exemption, widow/widower must supply documentation regarding spouse’s ministerial certification.)

Subscribed and sworn to before me,
this _____

(Signature of Applicant)

day of _____, 20 _____

Notary Signature and Stamp

(Home address)