



## 2020-2021 Volunteer Firefighters & Ambulance Workers Property Tax Exemption Application

**(Nassau County does not charge a fee to file this application.)**

*Any alteration of this application may result in a denial.*

**Property Address**

House Number & Street: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Township** (Circle one):      Hempstead              North Hempstead              Oyster Bay              Glen Cove              Long Beach

**Property Identification** (See Tax Bill)

SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ CA # or BLDG. # \_\_\_\_\_ TAX UNIT # \_\_\_\_\_  
For Condos & Co-ops only

*(Applicants must provide a copy of their Deed or Certificate of Shares with this application.)*

Name of ALL Owners (as recorded on the latest Deed)	Mailing Address (if different from Property Address)

**Telephone Number:** Day (    ) \_\_\_\_\_ Evening (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

**Name of Incorporated Volunteer Fire Department or Incorporated Volunteer Ambulance Service**

**Relationship to Incorporated Volunteer Fire Department or Incorporated Volunteer Ambulance Service indicated above:**

- Certified by Fire Department or Ambulance Service as an Enrolled Member for at least 5 years
- Certified by Fire Department or Ambulance Service as having accrued at least 20 years of active service

*An applicant must provide a **Letter of Certification**, which includes the exact date enrolled and current active status, on your volunteer Fire Department or Ambulance Service letterhead and **Proof of Residency**.*

Does the applicant reside in the City, Town, or Village served by the Volunteer Fire Department or Volunteer Ambulance Service they are certified in?     Yes     No

Is the property the primary residence of the applicant?     Yes     No

Did the applicant previously receive an exemption for service in a Volunteer Fire Department or Incorporated Volunteer Ambulance Service?     Yes     No    *If yes, indicate the name of municipality and the last year in which exemption was granted.*

**CERTIFICATION** (All Volunteer Applicant 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 NYS Real Property Tax Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## OVERVIEW

**Computation and Duration of Exemption:** The exemption is available only to members of Incorporated Volunteer Fire Companies, Fire Departments or Incorporated Volunteer Ambulance Services who have been certified as being active enrolled members for at least five years. In addition, at further local option of the county, city, town or village, the exemption may be granted for the life of an enrolled member who has accrued more than twenty years of active service.

The exemption may be granted only to applicants who reside in the county, city, town or village served by the Fire Company, Fire Department or Ambulance Service.

The exemption is available only to the primary residence of the applicant and only to property (or the portion thereof) exclusively used for residential purposes.

The unmarried spouse of a deceased member of a Fire Company, Fire Department or Ambulance Company, already receiving the exemption and having twenty (20) years of active service *or* the un-remarried spouse of a member of a Volunteer Fire Company, Fire Department or Ambulance Service killed in the line of duty and already receiving the exemption is eligible.

The exemption equals 10 percent of the assessed value of the property for general tax purposes.

This exemption may also apply to your school tax if your local school district has adopted a resolution pertaining to Section 466-c of the NYS Real Property Tax Law. However, for village tax purposes, where the property previously received the \$500 exemption authorized by Section 466 of the Real Property Tax Law, the minimum exemption is \$500.

**Your application must be filed with the Nassau County Department of Assessment on or before the January 2, 2020 taxable status date.**

*Applicants who reside in a city or incorporated village will be required to submit a separate application with their local assessor/clerk. The taxable status date in cities and villages is governed by the local charter of the municipality. The village or city assessor/clerk should be consulted for filing deadlines and requirements.*

- **Proof of Certification of enrolled membership in the Fire Company or Department or Ambulance Service shall be as required by the county, town or village authorizing the exemption.**
- **Homeowners must provide a copy of their Proof of Ownership (i.e. Deed or Certificate of Shares) with this application.**
- **The assessor also requires Proof of Residency (i.e. Car Registration or Driver's License) with this application.**

### FOR ASSESSOR'S USE ONLY

Date Filed: \_\_\_\_\_

Status of Application:     Approved                       Denied

Ownership

Residency

Certification

Assessor's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Para asistencia en Español llame al (516) 571-2020*

**NASSAU COUNTY DEPARTMENT OF ASSESSMENT**  
240 OLD COUNTRY ROAD, MINEOLA, NEW YORK 11501  
(516) 571-1500