



2019-2020 Persons with Disabilities and Limited Incomes 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: _____

Property Identification SECTION _____ BLOCK _____ LOT _____ CA # or BLDG. # _____ TAX UNIT # _____
For Condos & Co-ops only

Ownership

Names of ALL Owners (as recorded on Deed/Certificate of Shares)	Date of Birth	Marital Status	Social Security Number

Telephone Number: Day () _____ Evening () _____

Proof of Ownership *(Indicate ALL documents that apply and attach with this application. Co-op owners must provide 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)*

NOTE: *If any owner appearing on any proof of ownership or the spouse of any owner is deceased, a Death Certificate must be attached to this application.*

Proof of Age *(Indicate documents submitted for ALL owners)*

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

Proof of Residency *(Indicate documents submitted for ALL owners)*

2017 SSA-1099 NYS Car Registration 2017 NYS Resident Income Tax Return

a. Do all owners presently reside on the property to be exempted? Yes No

b. Is an owner absent from the residence due to divorce, legal separation or abandonment? Yes No

Please Explain: _____

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

***** If you checked "YES", you must submit a letter from the facility showing the date of admission and the cost incurred.**

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

NAME(S) of ALL adults & children <i>(including tenants)</i> living in Household	AGE	Dollar Amount of Rent/Contribution to Household Per MONTH

Does a child (or children), including those of tenants, reside on the property and attend a public school in Grades Pre-K to 12? Yes No *(If children attend school, a letter from the school is required verifying student's enrollment.)*

Proof of Disability *(Notice of Award letter must be included with this application)*

- Social Security Administration for entitlement to Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)
- Railroad Retirement Board for entitlement to Railroad Retirement Disability benefits
- Certificate from NYS Commission for the Blind and Visually Handicapped stating that applicant is legally blind
- United States Postal Service verifying entitlement to a disability pension, and/or VA Disability Pension

If disability was approved by the State of New York Compensation Board, a NOTICE OF DECISION by the Board must be submitted. Please provide:

Worker's Compensation Case # _____ Date of Disability: _____

Name of Carrier & Carrier's Case # _____ List of Continuing Payments: _____

Section 459-c of NYS 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.

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 #467.

Signature of Owner 1 _____ Date _____ Signature of Owner 2 _____ Date _____

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

STATEMENT OF INCOME

Your entire 2017 FEDERAL and STATE Income Tax Returns (with schedules) MUST be attached to this application.

If you were not required to file an Income Tax 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.

IMPORTANT - YOU MUST PROVIDE AND ATTACH FINANCIAL DOCUMENTATION FOR ANY AMOUNTS ENTERED IN THIS SECTION WITH THE APPLICATION.

SOURCES OF 2017 INCOME FROM ALL OWNERS & OWNER'S SPOUSE	AMOUNT
Gross Social Security (Complete copy of SSA-1099)	
VA Disability Pension(s) or Surviving Spouse Disability Pension (Amount listed in Award Letter)	
Salary or Wages (W-2's including Self-Employment)	
IRA Earnings (Interest/ Dividends earned) DO NOT include the amount of your distribution.	
Capital Gains (Include tax-deferred distribution statements from financial institutions)	
Pensions, Annuities & Retirement Plans (1099-R statements and include taxable & non-taxable pensions)	
Taxable & Non-Taxable Interest/Dividends (All 1099-INT, 1099-DIV and Year-End Statements)	
Disability/Worker's Compensation/Unemployment	
Income from Estates or Trusts (Estate or Trust's Income Tax Return)	
Business Income (Schedule C, S-Corporation Tax Return with K-1 or Partnership Tax Return)	
Rental Income (Received from all properties)	
Other Sources of Income (Alimony, Child Support or money from others living in the house toward expenses)	
TOTAL OF ALL INCOME	\$

Nassau County currently allows a deduction for UN-REIMBURSED medical and prescription drug expenses.

* 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. *

PLEASE CHECK BOX AND ATTACH COPIES OF ANY PAYMENTS MADE IN 2017	AMOUNT
<input type="checkbox"/> Printout from the Doctor's/Dentist's office of ALL Payments and Co-Payments	
<input type="checkbox"/> Statement of Medicare Premium or Receipt for payment of Private Health Insurance Premiums	
<input type="checkbox"/> Printout of payments from the Pharmacy and/or Out-of-Pocket Eye/Eyeglass Expenses	
<input type="checkbox"/> Letter from Health Care Facility stating date of admission, discharge and un-reimbursed expenses for owner's care	
TOTAL UN-REIMBURSED EXPENSES	\$

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: _____

COMMENTS:

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

NASSAU COUNTY DEPARTMENT OF ASSESSMENT