



2023-2024 Senior Citizens' Property Tax Exemption Application – NYS RPTL 467

(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

Name of any Non-Owner spouse	
Address (if different from property address)	

Telephone Number: Home () _____ Cell () _____

E-Mail Address: _____

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

- Deed or Certificate of Shares Entire Trust (If property is in a Trust)
 Probated Will(s) of deceased owner(s) Letters of Testamentary Other: _____

* 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)

- 2021 SSA-1099 (Showing Name and Address) NYS Car or Voter Registration 2021 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 explanation of abandonment? Yes No

* If you checked "YES", please provide a copy of your Divorce Decree, Separation Agreement or Notarized Abandonment with this application.

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 with this application.

List the address(es) of all real estate that you own, either entirely or in part. (Attach Schedule E and Property Tax Bill (s) for each property)

List the name and address(es) of any business you own, either entirely or in part. (Attach Schedule C or Business Dissolution documentation)

NAME(S) of ALL adults & children (including tenants) 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 you checked "YES", you must obtain a letter from the school verifying the student's enrollment.

CERTIFICATION (All Owners Must Sign*)

I (We) certify that all the 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

COPIES of your entire Personal, Business or Estate and Trust 2021 FEDERAL and STATE Income Tax Returns (with schedules) MUST be attached to this application.

Even if you do not file a Federal Income Tax Return or are attaching a copy of a self-prepared return, you will be required to submit an IRS printout of your *Wage and Income Transcript* to verify all taxable and non-taxable income.

Internal Revenue Service Transcript Order Line: 1-800-908-9946, Option 8 (Request Form 4506-T)

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

SOURCES OF 2021 INCOME FROM ALL OWNERS & OWNER'S SPOUSE	AMOUNT
Gross Social Security <i>(Complete copy of SSA-1099 showing name and address)</i>	
Salary or Wages <i>(W-2's including Self-Employment)</i>	
IRA Earnings <i>(1099-R, Letter from financial institutions showing Interest/ Dividends earned) DO NOT include the amount of your distribution.</i>	
Capital Gains <i>(Include tax-deferred distribution statements from financial institutions; Form 4797)</i>	
Pensions, Annuities & Retirement Plans <i>(1099-R statements and include taxable & non-taxable pensions)</i>	
Taxable & Non-Taxable Interest/Dividends <i>(All 1099-INT, 1099-DIV and Year-End Statements)</i>	
Disability/Worker's Compensation/Unemployment <i>(1099-G or Award Letter)</i>	
Income from Estates or Trusts <i>(Income Tax Return; please include copies of the Tax Return for the Estate or Trust)</i>	
Business Income <i>(Schedule C or C-EZ, S-Corporation Tax Return with K-1 or Partnership Tax Return, Receipts for all deductions)</i>	
Rental Income <i>(Schedule E, Rent Received from all properties, Receipts for all deductions)</i>	
Other Sources of Income <i>(Alimony/Child Support, money from others living in the house toward expenses and Gambling)</i>	
VA Disability Pension(s) or Surviving Spouse Disability Pension <i>(Award Letter)</i>	
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 <u>COPIES</u> OF ANY PAYMENTS MADE IN 2021	AMOUNT
<input type="checkbox"/> Printout or Statement from the Doctor's/Dentist's office of ALL Payments and Co-Payments	
<input type="checkbox"/> Printout or Statement of Medicare Premium or Receipt for payment of Private Health Insurance Premiums	
<input type="checkbox"/> Printout or Statement 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
- Age received
- Residency received
- Income received

Gross Income	
Un-Reimbursed Medical Deduction	-
VA Disability Deduction	-
PARTIAL TAX EXEMPTION NET INCOME	\$

DATE: _____ APPROVED DENIED

Assessor's Signature/Stamp: _____

COMMENTS:

To apply for the Senior Citizens' Property Tax Exemption for the 2023-2024 property tax year, you must file Form RPTL 467 with the Nassau County Department of Assessment by the taxable status deadline – January 2, 2023.

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

NASSAU COUNTY DEPARTMENT OF ASSESSMENT