



2027-2028 Senior Citizens' Property Tax Exemption Application – NYS RPTL 467

NASSAU COUNTY DEPARTMENT OF ASSESSMENT
240 Old Country Road, 4th Floor, Mineola, New York 11501 (516) 571-1500

(Nassau County does not charge a fee to file this application.)
Any alteration of this application may result in a denial.

Exemption applications for the 2027-28 property tax year must be filed with the Nassau County Depart. of Assessment by January 4, 2027.

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

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

Name of any Non-Owner Spouse	Marital Status	Social Security Number	Date of Birth
Address (if different from property address)			

Telephone Number: Home () _____ Cell () _____

E-Mail Address: _____

Contact info of someone who can assist you (Third Party Notification):

Name	Relationship	Phone #

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) 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.**

DATE YOU ACQUIRED OWNERSHIP OF PROPERTY: _____

Proof of Age (Indicate documents submitted for ALL owners and attach with this application. One proof per owner.)

Birth Certificate Driver's License (front only) Passport Naturalization Papers Other: _____

Proof of Residency (Indicate documents submitted for ALL owners and attach with this application.)

2025 SSA-1099 (Showing Full Name and Address) NYS Car or Voter Registration **2025** NYS Resident Income Tax Return

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

b. Is an owner, non-resident owner or ex-spouse absent from the residence? 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 in-patient 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.**

d. Is any portion of the property used for purposes other than residential, such as commercial, or professional offices? Yes No

*** If you checked "YES", explain such use and describe the portion that is used.**

List the address(es) of other real estate that you own, besides your primary residence, either entirely or in part.

(Attach Schedule E and Property Tax Bill (s) for each property) I/We do not own any other property(ies)

Do any children, including those of tenants, reside on the property and attend a public school in Grades Pre-K to 12?

No Yes *** If you checked "YES", you must obtain a letter from the school verifying the student's enrollment and attach with this application.**

STATEMENT OF INCOME

COPIES of your entire **2025** Federal Form 1040, and New York State Income Tax Returns Form IT-201 (with all schedules) must be attached to this application. Other Tax Returns are not necessary, unless requested.

Social Security 1099 & Schedule 1 must be included, if applicable.

If you do not file a Federal Income Tax Return or are attaching a copy of a self-prepared return, you are required to submit a printout of your Wage and Income Transcript (not summary) to verify all taxable and non-taxable 2025 income. Call the IRS for an appointment at 1-844-545-5640.

If document does not say "Wage & Income Transcript" it is **not the correct transcript.**

IMPORTANT: You must attach and submit documentation for any amounts entered in this section with the application.

Applicants are not required to calculate eligibility for this exemption.

The Department will determine eligibility based on the documentation provided with the application.

SOURCES OF 2025 INCOME FROM ALL OWNERS & OWNER'S SPOUSE	AMOUNT
Salary or Wages <i>(W-2's including Self-Employment)</i>	+
Taxable & Tax-Exempt Interest/Ordinary Dividends <i>(All 1099-INT, 1099-DIV and Year-End Statements)</i>	+
Pensions & Annuities other than IRAs <i>(1099-R statements and include taxable & non-taxable pensions)</i>	+
Gross Social Security <i>(Complete copy of SSA-1099 showing name and address)</i>	+
Capital Gains <i>(Schedule D)</i>	+
Unemployment compensation <i>(Schedule 1)</i>	+
Business Income <i>(Schedule C & 1)</i>	+
Rental Income <i>(Schedule E & 1)</i>	+
Other	+
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. ALL DOCUMENTS MUST SHOW FACILITY NAME, PATIENT NAME AND SHOW PAYMENT RECEIVED BY THAT OFFICE. CANCELLED CHECKS, RANDOM PHARMACY RECEIPTS, BANK & CREDIT CARD STATEMENTS & INSURANCE EXPLANATION OF BENEFITS WILL NOT BE ACCEPTED AS PROOF OF UN-REIMBURSED EXPENSES.

PLEASE CHECK BOX AND ATTACH COPIES OF ANY PAYMENTS MADE IN 2025	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	+
<input type="checkbox"/> Other out of pocket costs	+
TOTAL UN-REIMBURSED EXPENSES	\$

CERTIFICATION (All Owners Must Sign)

I/We certify that all statements made on this application are true and correct to the best of my/our belief and I/we understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, and a fine of not more than \$100.

Signature of Owner 1	Date	Signature of Owner 2	Date
Signature of Owner 3	Date	Signature of Attorney-in-fact *	Date

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

FOR ASSESSOR'S USE ONLY

- Ownership received
- Age received
- Residency received
- Income received
- APPROVED
- DENIED / REASON(S) _____

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

Assessor's Signature/Stamp/Date _____