

Department of Taxation and Finance Office of Real Property Tax Services **RP-467**

Application for Partial Tax Exemption for Real Property of Senior Citizens

For help completing this application, see Form RP-467-I, *Instructions for Form RP-467*. You must file this application with your local assessor by the taxable status date. Do **not** file this form with the Office of Real Property Tax Services.

New for 2019. This form no longer serves as the application for the Enhanced STAR exemption. This form may only be used to apply for the partial tax exemption for real property of senior citizens. It may **not** be used to apply for the Enhanced STAR exemption, which is a separate exemption.

To apply for the Enhanced STAR exemption, you must file Forms RP-425-E, Application for Enhanced STAR Exemption for the 2019-2020 School Year, and RP-425-IVP, Supplement to Forms RP-425-E and RP-425-Rnw, with your assessor by taxable status date. You may obtain those forms from your assessor or download them from www.tax.ny.gov. Note: If you do not already have a STAR exemption you may not apply for a new STAR exemption, but you may be eligible for a STAR credit, which is provided in the form of a check. For more information about the STAR credit, visit www.tax.ny.gov/STAR or call 518-457-2036.

Name(s) of owner(s)						
Mailing address of owner(s) (number and street or PO box)		Location of property (street address)				
City, village, or post office	State	ZIP code	City, town, or village	State	ZIP code	
Daytime contact number	Evening contact n	umber	School district			
E-mail address			Tax map number of section/block/lot	: Property identification (see ta	x bill or assess	sment roll)
Name(s) of any non-owner spo	use(s)					
Address(es) of primary residen	ce(s) if different from above:					
1 Indicate which docu	uments you included with		as proof of age of owners (see	ŕ		
_	_		(4)			
	included with application	•	rship (see instructions):			
4 Do all the owners o	f the property presently of	occupy the premis	ses as their legal primary resid	dence?	Yes	No _
4a If the answer	r to 4 is <i>No</i> , is an owner acility?	receiving medical	care as an in-patient in a resi	idential	Yes	No _
4b If the ans	swer to 4a is Yes, specify	name and locati	on of the facility:			
4c If the answer	r to 4 is <i>No</i> , is the non-re	sident owner the	spouse or former spouse of the	ne resident owner?	Yes	No _
			the residence due to divorce		Yes	No _
5 Is any portion of the	e property used for other	than residential p	ourposes (commercial, profess	sional office, etc.)?	Yes	No 🗆
5a If answer is	Yes, explain such use ar	nd describe the po	ortion that is so used			

Page 2 of 3 RP-467 (7/18)

6 List the income of each owner and spouse of each owner for the calendar year immediately preceding date of application. Attach additional sheets if necessary. (See instructions for income to be included.)

\vdash	Name of owner(s)	Source of income		Amount of income
6	Total income of owner(s)		6a	
	Name of spouse(s) if not owner of property	Source of income of spouse(s)		Amount of income or spouse(s)
<u></u>				
6	b Total income of spouse(s)		6b	
U				
6	Total income of owner(s) and spouse(s) (add	,		
6 Or	of the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo	y, was used to pay for an owner's care in a bunt paid: enter 0 if not applicable.		
6 Or re	of the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo	w, was used to pay for an owner's care in a nunt paid: enter 0 if not applicable.	7	
Ore (s)	of the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo	y, was used to pay for an owner's care in a sunt paid: enter 0 if not applicable. ract line 7 from line 6c)	7	
Ore (so	of the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo see instructions) (a Total income of owner(s) and spouse(s) (subtraction of a deduction for unreimbursed medical and prescription from the municipalities in which the property is located as Unreimbursed medical and prescription drug of the municipalities in which are municipalities in which and prescription drug of the municipalities in which are municipalities in which	ract line 7 from line 6c)	7 7a 7a	
6 re (s: 7: If of 8:	of the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo see instructions) Ta Total income of owner(s) and spouse(s) (subtraction of a deduction for unreimbursed medical and prescription from the municipalities in which the property is located as Unreimbursed medical and prescription drug of insurance).	ract line 7 from line 6c) ription drug expenses is authorized by any d (see instructions), complete the following	7 7a	
6 Ore (se factor) 1 of 8 8	of the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo see instructions) Ta Total income of owner(s) and spouse(s) (subtraction of a deduction for unreimbursed medical and prescript the municipalities in which the property is located as Unreimbursed medical and prescription drug of insurance).	ract line 7 from line 6c) rosts (deduct any amounts reimbursed by ract line 8a from line 7a)	7 7a	
6 Ore (se (se 8) 8 If	of the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo see instructions) Ta Total income of owner(s) and spouse(s) (subtraction of a deduction for unreimbursed medical and prescription from the municipalities in which the property is located as Unreimbursed medical and prescription drug of insurance).	ract line 7 from line 6c) costs (deduct any amounts reimbursed by ract line 8a from line 7a) is authorized by any of the municipalities	7 7a	
6 Ore (se (se (se (se (se (se (se (se (se (s	of the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo see instructions) Total income of owner(s) and spouse(s) (subtraction of a deduction for unreimbursed medical and prescript the municipalities in which the property is located as Unreimbursed medical and prescription drug of insurance). Total income of owner(s) and spouse(s) (subtraction of the deduction for veteran's disability compensation	ract line 7 from line 6c) ription drug expenses is authorized by any d (see instructions), complete the following costs (deduct any amounts reimbursed by areact line 8a from line 7a) ris authorized by any of the municipalities wing (see instructions):	7 7a 7a 3: 8a 8b	
6 Ore (se (se (se (se (se (se (se (se (se (s	of the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo see instructions) (a Total income of owner(s) and spouse(s) (subtraction of a deduction for unreimbursed medical and prescription from the municipalities in which the property is located as Unreimbursed medical and prescription drug of insurance). (b Total income of owner(s) and spouse(s) (subtraction of the property is located, complete the follows which the property is located, complete the follows as the property is located, complete the follows as the property is located, complete the follows.	ract line 7 from line 6c) ription drug expenses is authorized by any d (see instructions), complete the following costs (deduct any amounts reimbursed by arract line 8a from line 7a) ris authorized by any of the municipalities wing (see instructions): tach proof, enter 0 if not applicable)	7 7a	
6 Ore (se (se (se (se (se (se (se (se (se (s	of the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo see instructions) (a Total income of owner(s) and spouse(s) (subtrated a deduction for unreimbursed medical and prescription from the municipalities in which the property is located as Unreimbursed medical and prescription drug of insurance). (b Total income of owner(s) and spouse(s) (subtrated a deduction for veteran's disability compensation which the property is located, complete the following a Veteran's disability compensation received (attachment)	ract line 7 from line 6c) ription drug expenses is authorized by any d (see instructions), complete the following costs (deduct any amounts reimbursed by aract line 8a from line 7a) ris authorized by any of the municipalities wing (see instructions): tach proof, enter 0 if not applicable) ract line 9a from line 8b) State income tax return for the preceding	7 7a 7a 8a 8b 8b 9b	Yes \(\square \) No
6 O're (se (se (se (se (se (se (se (se (se (s	of the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo see instructions) Ta Total income of owner(s) and spouse(s) (subtrated a deduction for unreimbursed medical and prescription the municipalities in which the property is located as Unreimbursed medical and prescription drug or insurance). Total income of owner(s) and spouse(s) (subtrated a deduction for veteran's disability compensation which the property is located, complete the following a Veteran's disability compensation received (attack). Total income of owner(s) and spouse(s) (subtrated a transfer of the transfer of the following and spouse(s) (subtrated the transfer of the transfer	was used to pay for an owner's care in a punt paid: enter 0 if not applicable. ract line 7 from line 6c)	7 7a 7a 3: 8a 8b 8b 9b year?	

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 (If more than one owner, all must sign)	Marital status	Phone number	Date
This	Area for Assessor's Us	e Only	
		re Only	:
			:
			:
ate application filed	Exemption a	applies to taxes levied by or for	:
ate application filed Proof of age submitted	Exemption a	applies to taxes levied by or for % %	:
ate application filed Proof of age submitted Proof of ownership submitted	Exemption a	applies to taxes levied by or for % % %	:



Department of Taxation and Finance Office of Real Property Tax Services

RP-425-

Application for Enhanced STAR Exemption for the 2019-2020 School Year

You must submit Form RP-425-IVP, Supplement to Forms RP-425-E and RP-425-Rnw, with this form. For help completing this form, see the instructions on page 2. Attach additional sheets if necessary.

Name(s) of owner(s)					
Mailing address of owner(s) (number and street	or PO Box)	Location of	property (street address)		
City, village, or post office	State ZIP code	City, town,	or village	State	ZIP code
Daytime contact number Evening	contact number	School dist	rict		
E-mail address		Tax map num	ber of section/block/lot: Proper	ty identification (see	e tax bill or assessment roll)
Name(s) of any non-owner spouse(s)		I			
Address(es) of primary residence(s) if different	from above				
Did you have a STAR exemption of If No, you are not eligible for the for the Enhanced STAR credit. I	Enhanced STAR ex	emption. Hov	•		.Yes No
Will all owners be at least 65 years owned by a married couple or by s 65 years of age as of December 3	siblings, will at least o	one of the spo	uses or siblings be at		.Yes No
3 Is the total 2017 combined income the premises, \$86,300 or less? (So	of all the owners, and other owners, are the owners, and other owners, and other owners, and other owners, are the owners, and other owners, and other owners, are the owners, and other owners, and other owners, are the owners, and other owners, and other owners, are the owners, and other owners, are the owners, and other owners, and other owners, are the owners, are the owners, and owners, are the owners, are the owners, are the owners, and other owners, are the owners, are the owners, and owners, are the owners, are the owners, are the owners, and other owners, are the owners, and the owners, are the owners, are the owners, are the owners, are the owners, and the owners, are the	nd of any own purposes <i>on</i>	ers' spouses residing	j on	.Yes No
Note: If the answer to both quest federal or 2017 state income tax assessor needs tax schedules a may also require proof of age.	returns for all owne	rs, including r	onresident owners. If	f your	
If you weren't required to file a fe Form RP-425-Wkst, <i>Income for</i>				ıbmit	
If the answer to either of questic STAR exemption, but may continuous			t qualify for the Enhar	nced	
4 Do you or your spouse own another York State or a residency-based to exemption?	ax benefit in another	state, such as	s the Florida Homeste	ead	.Yes 🗌 No 🗌
If Yes, then you do not qualify fo	r the Enhanced STA	R exemption	on this property.		
Certification Caution: Anyone who misrepresents will be subject to a penalty of the green will be prohibited from receiving the may be subject to criminal prosecute (we) certify that all of the above informary residence and that my (our caution).	reater of \$100 or 20% a STAR exemption for tion. rmation is correct, the ry 2017 income was	% of the impro or six years, an nat I (we) own s less than \$8	pperly received tax sand the property listed 6,300. I (we) underst	above and itand it is my	(our) obligation
to notify the assessor if I (we) relocities required.	•	nary residen	ce and provide any do	ocumentatior	n of eligibility that
All resident owners must sign and Signature	date this form.	Signatu	re		Date
- Signaturo	Buto	Signatu			

Instructions

New for 2019

You must submit Form RP-425-IVP with this form when applying for the Enhanced STAR exemption.

General information

The Enhanced New York State School Tax Relief (STAR) exemption reduces the school tax liability for qualifying senior citizens by exempting a portion of the value of their home from the school tax.

To qualify, the home must be:

- · owner-occupied, and
- · the homeowners' primary residence.

The combined 2017 income of the owners and spouses who reside on the property must not exceed \$86,300 **and** you must have had a STAR exemption on the same property for the 2015-2016 school year.

Deadline: You must file this application **and Form RP-425-IVP** with your local assessor on or before the applicable *taxable status date*, which is generally March 1.

- In Westchester towns it is either May 1 or June 1;
- · In Nassau County it is January 2;
- In the Villages of Bronxville and Kiryas Joel it is January 1; and
- · In cities, check with your assessor.

For further information, ask your local assessor. Visit our website or your locality's website to find your local assessor's contact information.

Do not file this form with the New York State Department of Taxation and Finance or the Office of Real Property Tax Services.

Application instructions

Print the name and mailing address of each person who **owns** the property, including any non-resident owners. (If the title to the property is in a trust, the trust beneficiaries

are deemed to be the owners for STAR purposes.) There is no single factor which determines whether the property is your primary residence, but the assessor will consider factors such as voting location, automobile registrations, and the length of time you occupy the property each year. The assessor may ask you to provide proof of residency and ownership. For the enhanced exemption, proof of age may also be required.

You can find the parcel identification number on either the assessment roll or your tax bill.

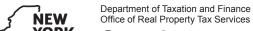
Income for STAR purposes

Use the following table to identify the line references on **2017** federal and state income tax forms. **Do not** use your 2018 tax forms.

Form number	Title of income tax form	Income for STAR purposes
IRS Form 1040	U.S. Individual Income Tax Return	Line 37 minus line 15b adjusted gross income minus taxable amount (of total IRA distributions)
IRS Form 1040A	U.S. Individual Income Tax Return	Line 21 minus line 11b adjusted gross income minus taxable amount (of total IRA distributions)
IRS Form 1040EZ	Income Tax Return for Single and Joint Filers With No Dependents	Line 4 only adjusted gross income (No adjustment needed for IRAs.)
NYS Form IT-201	Resident Income Tax Return	Line 19 minus line 9 federal adjusted gross income minus taxable amount of IRA distributions

If you weren't required to file a federal or New York State income tax return for 2017, complete Form RP-425-Wkst, *Income for STAR Purposes Worksheet*, and submit it to the assessor along with this form and Form RP-425-IVP.

This Area for Assessor's Use Only					
Date application received: Proof of age: Proof of income: Proof of residency:	Yes No Yes No Yes No	Form RP-425-IVP received: Approved:	Yes No Yes No		
Assessor's signature	Date				



RP-425-IVP

(9/18

Supplement to Forms RP-425-E and RP-425-Rnw

Mandatory for all Enhanced STAR Applicants

When applying or reapplying for the Enhanced STAR exemption, you **must** submit this form to your assessor along with your initial or renewal Enhanced STAR application form, whichever is applicable, and proof of income. For more information, see page 2.

Location of pro	perty	1			
Property identification: Tax	map numl	per or section/block/lot (see tax bill	or assessment roll)		
Location of property (street	address)				Unit number
City, town, or village			State	ZIP	code
Contact name					
Phone number			Email address		
	mbers	and sign the authoriza	ouse who resides on the protion below. Failure to do s		
Authorization					
my (our) Social Se	curity r	number(s) supplied bel	t of Taxation and Finance t low, whether my (our) inco s of the Enhanced STAR e	me is	greater than the
Please print t	he nan	nes of all owners and re	esident spouses		
First name	M.I.	Last name	Social Security number		Signature
For assessor's use only	Aunicinal	code 0 0			
		code (Enter M or C if this property is	a mobile home or a cooperative)		

Instructions

New for 2019

You must include this form when applying or reapplying for the Enhanced STAR exemption.

General information

To apply or reapply for the Enhanced STAR exemption, submit this application and the appropriate form below to your assessor:

- Form RP-425-E, Application for the Enhanced STAR Exemption for the 2019-2020 School Year, or
- Form RP-425-Rnw, Renewal Application for Enhanced STAR Exemption for the 2019-2020 School Year

You must also provide proof of income as described on the above forms.

Note: Only senior citizens who were previously receiving the Basic STAR exemption are eligible to submit Form RP-425-E.

When submitting this form, you must supply the Social Security numbers of all owners of the property and of any owner's spouse who resides on the premises.

In the first year, the assessor will verify your eligibility based on the income information you provide. In the following years, the New York State Department of Taxation and Finance will verify your income eligibility. You will not need to reapply for the exemption or provide copies of your tax returns to your local assessor.

The Tax Department will **not** disclose your income to the assessor. It will only disclose whether or not your income is below the applicable income standard.

Participants are not required to reapply annually for the exemption but are requested to advise the assessor if the property is no longer their primary residence or if the ownership of the property has changed.

Nassau County homeowners: Complete Form RP-425-IVP along with the county's Enhanced STAR Property Tax Exemption Application, which is available at Nassau County's website at www.nassaucountyny.gov (search: STAR). Submit both forms to the address on page 2 of Nassau County's application.

Privacy notification

The Privacy Act of 1974 requires us to advise you that the law which allows us to ask for your Social Security numbers is New York Real Property Tax Law section 425 (4)(b). It is mandatory that you furnish your Social Security numbers. Once you furnish them, they will be forwarded to the New York State Department of Taxation and Finance, which will use them to verify, or attempt to verify, whether your income is greater than the applicable income standard for purposes of the Enhanced STAR exemption. If you do not furnish your Social Security numbers, you will be unable to receive an Enhanced STAR exemption.