

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.

| Mailing address of owner(s) (number and street or PO box) | | | Location of property (street address) | | |
|---|--|--|--|--|--|
| State | ZIP code | City, town, or village | State | ZIP code | |
| Evening contact nu | ımber | School district | | | |
| | | Tax map number of section/block/l | lot: Property identification (see ta. | x bill or assessmer | nt roll) |
| | | | | | |
| ent from above: | | | | | |
| Birth certificate o of property (se | Othe | er (specify) | · · · · · · · · · · · · · · · · · · · | | |
| | • | | | | |
| o, is an owner r | eceiving medic | al care as an in-patient in a re | esidential | Yes No | |
| c is Yes, is he or | she absent fro | m the residence due to divorc | ce, legal separation,or | Yes No | o [|
| | ent from above: bu included with Birth certificate of property (see with application ecify) erry presently of o, is an owner reserved as Yes, specify fo, is the non-reserved is Yes, is he or | Evening contact number ent from above: but included with this application Birth certificate of property (see instructions): with application as proof of own ecify) erry presently occupy the premonent of the property of the property of the property of the property of the premonent of the property of t | Evening contact number School district Tax map number of section/block/ ent from above: Du included with this application as proof of age of owners (set along the property (see instructions): With application as proof of ownership (see instructions): ecify) Derty presently occupy the premises as their legal primary rest or, is an owner receiving medical care as an in-patient in a rest a is Yes, specify name and location of the facility: Do, is the non-resident owner the spouse or former spouse of the is Yes, is he or she absent from the residence due to divorce. | State ZIP code City, town, or village State Evening contact number School district Tax map number of section/block/lot: Property identification (see ta.) ent from above: but included with this application as proof of age of owners (see instructions): Birth certificate Other (specify) of property (see instructions): with application as proof of ownership (see instructions): ecify) erry presently occupy the premises as their legal primary residence? | State ZIP code City, town, or village State ZIP code Evening contact number School district Tax map number of section/block/lot: Property Identification (see tax bill or assessment) out included with this application as proof of age of owners (see instructions): Birth certificate Other (specify) of property (see instructions): with application as proof of ownership (see instructions): ecify) verty presently occupy the premises as their legal primary residence? |

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.)

| | Name of owner(s) | Source of income | | Amount of income |
|---|--|---|---|------------------------------|
| | | | | |
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| | | | | |
| | | | | |
| 6 | a Total income of owner(s) | | 6a | |
| | • | | | |
| | Name of spouse(s) if not owner of property | Source of income of spouse(s) | | Amount of income o spouse(s) |
| | | | | |
| _ | | | | |
| _ | | | | |
| | | | | |
| | | | 6b | |
| 6 | b Total income of spouse(s) | | | |
| 6 O | to total income of spouse(s) | line 6a and line 6b), y, was used to pay for an owner's care in a | 6c | |
| Ore | c Total income of owner(s) and spouse(s) (add f the income specified in line 6c how much, if any seidential health care facility? Attach proof of amo ee instructions) | line 6a and line 6b), y, was used to pay for an owner's care in a punt paid: enter 0 if not applicable. | 6c | |
| Ore (se | c Total income of owner(s) and spouse(s) (add f the income specified in line 6c how much, if any sidential health care facility? Attach proof of amounts of the control of | y, was used to pay for an owner's care in a punt paid: enter 0 if not applicable. Tract line 7 from line 6c) | 6c 7 7a | |
| Ore (se | c Total income of owner(s) and spouse(s) (add f the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo ee instructions) a Total income of owner(s) and spouse(s) (subt a deduction for unreimbursed medical and presc the municipalities in which the property is locate a Unreimbursed medical and prescription drug of | y, was used to pay for an owner's care in a punt paid: enter 0 if not applicable. Tract line 7 from line 6c) | 6c 7 7 7a // g: | |
| 6 or re (se for form) | c Total income of owner(s) and spouse(s) (add f the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo ee instructions) a Total income of owner(s) and spouse(s) (subt a deduction for unreimbursed medical and preso the municipalities in which the property is locate a Unreimbursed medical and prescription drug of insurance). | line 6a and line 6b) | 7 7a // g: | |
| 6 Ore (so 7) If of 8 | c Total income of owner(s) and spouse(s) (add f the income specified in line 6c how much, if any sidential health care facility? Attach proof of amore entructions) a Total income of owner(s) and spouse(s) (subtracted a deduction for unreimbursed medical and prescription drug of insurance). b Total income of owner(s) and spouse(s) (subtracted a deduction for veteran's disability compensation and deduction for veteran's disability compensation. | line 6a and line 6b) | 6c 7 7 7a 7g: 8a 8b | |
| 6 Or re (se se s | c Total income of owner(s) and spouse(s) (add f the income specified in line 6c how much, if any sidential health care facility? Attach proof of amore ee instructions) a Total income of owner(s) and spouse(s) (subtracted a deduction for unreimbursed medical and prescription drug of insurance). b Total income of owner(s) and spouse(s) (subtracted a line income of owner(s) and s | line 6a and line 6b) y, was used to pay for an owner's care in a punt paid: enter 0 if not applicable. gract line 7 from line 6c) gription drug expenses is authorized by any d (see instructions), complete the following costs (deduct any amounts reimbursed by gract line 8a from line 7a) n is authorized by any of the municipalities wing (see instructions): | 6c 7 7 7a 7g: 8a 8b | |
| 6 Ore (se (se 8) If in 9: | c Total income of owner(s) and spouse(s) (add f the income specified in line 6c how much, if any sidential health care facility? Attach proof of amore entertructions) a Total income of owner(s) and spouse(s) (subtracted a deduction for unreimbursed medical and prescription drug of insurance). b Total income of owner(s) and spouse(s) (subtracted a deduction for veteran's disability compensation which the property is located, complete the follows: | line 6a and line 6b) | 6c 7 7 7a 7g: 8a 8b 9a | |
| 6 Ore (se (se (se (se (se (se (se (se (se (s | c Total income of owner(s) and spouse(s) (add f the income specified in line 6c how much, if any esidential health care facility? Attach proof of amo ee instructions) a Total income of owner(s) and spouse(s) (subt a deduction for unreimbursed medical and preso the municipalities in which the property is locate a Unreimbursed medical and prescription drug of insurance). b Total income of owner(s) and spouse(s) (subt a deduction for veteran's disability compensation which the property is located, complete the follow Veteran's disability compensation received (at | line 6a and line 6b) | 6c 7 7 7a 8a 8b 9a 9b | Yes \(\square\) No |
| 6 Ore (se (se (se (se (se (se (se (se (se (s | f the income specified in line 6c how much, if any spidential health care facility? Attach proof of amore instructions) Total income of owner(s) and spouse(s) (subtotal adduction for unreimbursed medical and preson the municipalities in which the property is located as Unreimbursed medical and prescription drug of insurance). Total income of owner(s) and spouse(s) (subtotal deduction for veteran's disability compensation which the property is located, complete the followance of owner(s) and spouse(s) (subtotal income of owner(s) and spouse(s) (subtotal the owner or spouse file a federal or New York | y, was used to pay for an owner's care in a punt paid: enter 0 if not applicable. Tract line 7 from line 6c) Tription drug expenses is authorized by any do (see instructions), complete the following costs (deduct any amounts reimbursed by any do is authorized by any of the municipalities wing (see instructions): Tract line 8a from line 7a) Tract line 9a from line 8b) Tract line 9a from line 8b) | 6c 7 7a 7a 7a 7a 7a 7b 7a 7b 7a 7b 7a 7b 7a 7b 7a 7b 7a | |

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 |
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| This | Area for Assessor's Us | e Only | |
| | | re Only | : |
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| 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 % % % | : |