



# 2015-2016 Senior Citizens' 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

TOWN \_\_\_\_\_ SD \_\_\_\_\_ SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ CA # or BLDG. # \_\_\_\_\_ TAX UNIT # \_\_\_\_\_

For Condos & Co-ops only

### Ownership

Names of ALL Owners (as recorded on latest Deed)	Date of Birth	Marital Status (Married, Divorced, Widowed, Single)	Social Security Number
a)			
b)			
c)			

Telephone Number: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

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

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)

2013 SSA-1099  NYS Car Registration  2013 NYS Resident Income Tax Return

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

b. Is the non-resident 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

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 and children (including tenants) Living in the Household	AGE of Others Living in the Household	Rent/Contribution to Household Per Month

Does a child (or children), including those of tenants, reside on the property and attend a public school, Grades Pre-K to 12?  Yes  No

Name & Location of school(s): \_\_\_\_\_

**NOTE: If children attend school, a letter from the school is required verifying student's enrollment.**

**STATEMENT OF INCOME**

Entire 2013 Federal and State Income Tax Returns with schedules must be attached to this application. If you were not required to file a 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.

<b>SOURCES OF INCOME FROM ALL OWNERS &amp; OWNER'S SPOUSE</b>	<b>AMOUNT</b>
<b>Gross Social Security</b> (Attach complete copy of SSA-1099)	
<b>Salary or Wages</b> (Attach W-2's including self-employment)	
<b>Business Income</b> (Attach Schedule C, S-Corp Tax Return with K-1 or Partnership Tax Return)	
<b>Taxable &amp; Non-Taxable Interest</b> (Attach all 1099-INT & year-end statements for non-taxable interest)	
<b>Taxable &amp; Non-Taxable Dividends</b> (Attach all 1099-DIV & year-end statements for non-taxable dividends)	
<b>IRA Earnings</b> (Interest, dividends or capital gains earned) <b>DO NOT include the amount of your distribution.</b>	
<b>Pensions, Annuities &amp; Retirement Plans</b> (Attach 1099R statements and include taxable & non-taxable Pensions)	
<b>VA and/or VA Disability Pensions</b> (Attach award letter)	
<b>Capital Gains</b> (Include tax-deferred capital gain distribution statements from financial institutions)	
<b>Rental Income</b> (Received from all properties)	
<b>Disability/Worker's Compensation Payments /Unemployment Insurance Benefits</b>	
<b>Income from Estates or Trusts</b> (Attach the Estate or Trust's Income Tax Return)	
<b>Alimony and/or Child Support Payments</b>	
<b>Money from others living in the house toward maintenance, support or expenses</b>	
<b>Other sources of income</b>	
<b>TOTAL OF ALL INCOME</b>	\$

<b>Enter VA Disability Pension(s) or Surviving Spouse Disability Pension</b>	
<b>TOTAL VA DISABILITY</b>	\$

Nassau County currently allows a deduction for **UN-REIMBURSED** medical and prescription drug expenses. Are you submitting documents for this deduction?  Yes  No

\* 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.)

<b>PLEASE CHECK BOX AND ATTACH COPIES OF ANY PAYMENTS</b>	<b>AMOUNT</b>
<input type="checkbox"/> Printout from the doctor's/dentist's office of all payments and co-payments	\$
<input type="checkbox"/> Printout of annual deductible/out-of-pocket medical expenses	\$
<input type="checkbox"/> Medicare premium	\$
<input type="checkbox"/> Receipt for payment of private health insurance premiums	\$
<input type="checkbox"/> Printout of payments from the pharmacy	\$
<input type="checkbox"/> Printout of out-of-pocket eye/eyeglass expenses	\$
<input type="checkbox"/> Letter from a residential health care facility stating date of admission, date of discharge and un-reimbursed expenses for owner's care	\$
<b>TOTAL UN-REIMBURSED EXPENSES</b>	\$

**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**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

*To qualify, seniors must be 65 years of age or older in the year the exemption takes effect and meet certain income and residency requirements. In the case of siblings or husband and wife, only one owner must be 65.*

**APPLICATION INSTRUCTIONS**

1. Fill out the application completely.
2. The name on the Deed or Shares must correspond with the name on the application. For exceptions to this requirement, see the checklist below.
3. Attach proof of age, proof of primary residency, entire 2013 Federal and NYS Income Tax Returns, proof of any claimed un-reimbursed medical expenses, a tax bill (if available) and any additional information required by this application and in the checklist below.
4. Submit this signed, completed, original application with PHOTOCOPIES of the required documentation to the Senior Division at the Department of Assessment on or before the taxable status date of **January 2, 2015**.

**Please use the following list as a guide to assist you in providing the required documents.**

- CERTIFICATE OF SHARES OR PROPRIETARY LEASE** *(If you live in a Cooperative apartment)*
- LATEST DEED RECORDED WITH NASSAU COUNTY**
- PROOF OF AGE** *(Birth Certificate; Baptismal Certificate; Driver's License; Naturalization Papers; Military ID or Passport)*
- PROOF OF PRIMARY RESIDENCE** *(SSA-1099, Car Registration or 2013 NYS Income Tax Return)* All proof of residence documentation must show the current address.
- A COPY OF YOUR 2013 FEDERAL AND STATE INCOME TAX RETURN(S)** *(Required for all owners and their spouses)* If you are married and filed separately, include both tax returns. If you *were not* required to file an income tax return, you must attach proof of all taxable and non-taxable income *(i.e. 1099 Statements of Interest; Dividends; Pension; W-2; etc.)* **The Federal and NYS Income Tax Return must have the applicant(s) name, address and SSN (s) on it.** An IRS printout of all income statements may be required.
- A COPY OF THE BUSINESS TAX RETURN** *(If you have an S-Corp, Partnership, Trust or Estate Income Tax Return)*
- PENSION/ VA DISABILITY AWARD LETTER** *(If you are receiving monies from your deceased spouse's pension)*
- SOCIAL SECURITY AWARD LETTER** *(If you are receiving Social Security from a spouse deceased in 2013)*
- PRINTOUTS FROM A DOCTOR/DENTIST/PHARMACY FOR UN-REIMBURSED EXPENSES** *(Cancelled checks will not be accepted as proof of un-reimbursed expenses)*
- A COPY OF THE ENTIRE TRUST** *(If your property is in a Trust, you must be the sole beneficiary during your lifetime)*
- A LETTER FROM THE SCHOOL** *(If any school age children, Grades K-12, reside at the property)*
- A COPY OF THE DEATH CERTIFICATE** *(If one of the owners on the Deed or their spouse is deceased)*
- A COPY OF DIVORCE OR LEGAL SEPARATION PAPERS** *(If the applicant is divorced or legally separated)*
- A RECORDED AFFIDAVIT CONFIRMING ABANDONMENT** *(If applicant claims abandonment, a notarized affidavit must be submitted stating date of abandonment and intent to return)*
- A COPY OF THE PROBATED WILL** *(If the sole owner on the Deed is deceased)*
- LETTER FROM THE RESIDENTIAL HEALTH FACILITY** *(If the owner resides in a residential health care facility, the letter must include the date of admission and date of expected discharge – if applicable)*

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**THIS PAGE FOR ASSESSOR'S USE ONLY**

Ownership received

Age received

Residency received

Income received

<b>Gross Income</b>	
<b>Un-reimbursed Medical Deduction</b>	-
<b>VA Disability Deduction</b>	-
<b>Partial Tax Exemption Net Income</b>	\$

Date \_\_\_\_\_

Approved

Denied

Exemption Only To

County-Town

School

County (*Medical*)

Child in School

Yes

No

Assessor's Signature/Stamp \_\_\_\_\_

Comments:

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

**NASSAU COUNTY DEPARTMENT OF ASSESSMENT**  
240 OLD COUNTRY ROAD, 4<sup>th</sup> FLOOR  
MINEOLA, NEW YORK 11501  
(516) 571-1500