City Hall Room 101A, 30 Church Street Rochester, New York 14614-1299 www.cityofrochester.gov

First-Time

Property Tax Exemption Application For Persons with Disabilities & Limited Income

You must apply no later than Friday, February 1, 2019

Dear Property Owner:

Enclosed is the first-time application For Persons with Disabilities and Limited Income Exemption.

Either come in person (bring your supporting documents) to the City of Rochester, Bureau of Assessment, City Hall-Room 101A, 30 Church Street, any Monday through Friday (except Holidays) between 9:00 AM and 5:00 PM, or apply by mail. The application submission deadline is Friday, February 1, 2019.

Last year's (2017) income information is requested on the application. You already have the necessary income tax returns, social security forms, bank interest statements, etc., you will need to file. We request that you bring or mail in: a copy of page 1 of your 2017 Federal or State tax returns (including copies of any attached schedules). If you do not file tax returns, please submit copies of all your 2017 income statements to verify the income received. The Assessment staff will complete the income calculation portion of the application.

Approved Disability Exemptions in the City of Rochester reduce real property taxes for the City, School & County of Monroe tax bill. Depending on your 2017 income (which cannot exceed \$37,400) tax abatements range from 50% down to 5% of your assessment.

If you or your spouse will be age 65 by December 31, 2019 – you may be eligible for a Seniors Exemption. Disabled Veterans may also be eligible for Veterans Exemptions as well. Please provide your birth date and information on your military service (DD214), if any.

We look forward to helping you. If you need assistance completing the forms or have any questions, please call the **Exemption Hot-Line at (585) 428-6994** during business hours.

Sincerely,

Michael S. Zazzara
City Assessor

Phone: 585.428.7221 Fax: 585.428.6423 TTY: 585.428.6054 EEO/ADA Employer





capital.)

NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE OFFICE OF REAL PROPERTY TAX SERVICES

Rev. 7/18 by City of Rochester

APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF PERSONS WITH DISABILITIES AND LIMITED INCOMES

Must Be Filed With The City of Rochester By February 1, 2019

APPLICATION MUST BE FILED WITH YOUR LOCAL ASSESSOR BY TAXABLE STATUS DATE Do <u>not</u> file this form with the Office of Real Property Tax Services.

General information and instructions for completing this form are contained in RP-459-c-Ins

l.	Name and telephone no. of owner(s) 2. Mailing address of owner(s)				
	Day No. ()				
3.	Location of property (see instructions):				
	Street address				
	City/Town Village (if any)				
	School District				
	Property identification (see tax bill or assessment roll) Tax map number or section/block/lot				
4.	Description of nature of applicant's physical or mental impairment which currently substantially limits one or more major life activities (e.g. walking)				
5.	 Indicate documents submitted with application as proof of disability (See instruction #5) Award letter from Social Security Administration of entitlement to social security disability insurance (SSDI) or supplemental security income (SSI) Award letter from Railroad Retirement Board of entitlement to railroad retirement disability benefits Certificate from State Commission for the Blind and Visually Handicapped stating that applicant is legally blind Award letter from United States Postal Service certifying disability pension Award letter from United States Department of Veterans Affairs certifying disability pension 				
6.	Indicate document submitted with application as proof of ownership (See instruction #6): Deed				
7.	Do all the owners of the property presently occupy the premises as their legal residence? Yes No If answer to question 7 is No, is an owner receiving medical care as an in-patient in a residential health care facility? Yes No If answer is Yes, specify name and location of the facility.				
8.	Is any portion of the property used for other than residential purposes (farming, commercial, vacant land, professional office, etc.)? Yes No If answer is Yes, explain such use and describe the portion that is so used.				

9. **2017** Income of each owner and spouse of each owner for the calendar year immediately preceding date of application MUST be set forth on next page (attach additional sheets if necessary). See instruction #9 for income to be included. (NOTE: Income does NOT include gifts, inheritances or a return of

RP-459-c (9/09)

Name of owner(s)	201 / Source o	i income	Amount of income
Name of spouse(s) if not owner of property	2017 Source of spouse		Amount of income of spouse(s)
Subtotal incom	e of owner(s) and spou	se(s) \$	
10. Of the income specified in #9 how much owner's care in a residential health care (Attach proof of amount paid: enter zero (#9 minus #10)	facility? (See instruction	on #10)	
 11. If a deduction for unreimbursed medica authorized by any of the municipalities (see instructions #11), complete the following (a) Medical and prescription dru (b) Subtract amount of (a) paid (c) Unreimbursed amount of (a) reimbursement, if any; enter Total income of owner (s) and spouse (complete the following prescription drughter). 12. Did the owner or spouse file a federal of the following prescription. 13. Did the owner or spouse file a federal of the following prescription. 14. Did the owner or spouse file a federal of the following prescription. 15. Did the owner or spouse file a federal of the following prescription. 16. Did the owner or spouse file a federal of the following prescription. 17. Did the owner or spouse file a federal of the following prescription. 18. Did the owner or spouse file a federal of the following prescription. 19. Did the owner or spouse file a federal of the following prescription. 19. Did the owner or spouse file a federal of the following prescription. 19. Did the owner or spouse file a federal of the following prescription. 19. Did the owner or spouse file a federal of the following prescription. 19. Did the owner or spouse file a federal of the following prescription. 19. Did the owner or spouse file a federal of the following prescription. 	in which property is lo lowing: g costs; or reimbursed by insura (attach proof of expens zero if option not availa s) [#10 minus #11 (c)] or New York State Inco	sated sace: es and able): same Tax return for the properties.	
13. Does a child (or children), including t school, grades K through 12? Yes If Yes, show name and location of school.	☐ No		
If Yes, was the child (or were the child purpose of attending a particular school			-
I certify that all statements made on this appoints and a statement of the	plication are true and co	Phone No.	Date
SPACE	BELOW FOR USE O	F ASSESSOR ——	
	olication disapproved of of ownership submitt	County School	s to taxes levied by or for Town Village
Assessor's signature		Da	nte