



Renewal Application Persons with Disabilities & Limited Income

Please return by December 1, 2018

The legal deadline for filing your renewal is no later than Friday, February 1, 2019

Dear Renewal Applicant:

Enclosed is the Real Property Tax Persons with Disabilities & Limited Income Exemption renewal application. For your convenience we encourage you to **mail** in your application to avoid any long lines.

PLEASE READ ALL DIRECTIONS AND QUESTIONS CAREFULLY. Include copies of your **2017** Social Security SSA-1099 statement (or other disability pension statement) and your **2017** Federal and New York State tax returns (including schedules) if you are required to file. If you do not file tax returns, you must submit all **2017** year end 1099 statements to verify all of the **2017** income received.

You have already received the 2017 papers you need to file your renewal. Your completed **application must be received by the Bureau of Assessment no later than Friday, February 1, 2019.** Prompt renewal will help assure that you continue to receive the benefits of this exemption.

The Assessment staff will complete the income portion of the renewal application. Your **2017** income cannot exceed **\$37,400**. We encourage you to submit your application even if you believe the household income is somewhat over the limit, just to be sure.

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.

As always, we are available to help you. Please call the **Exemption Hot-Line at (585)428-6994** Monday through Friday between 9:00 a.m. and 5:00 p.m. if you need assistance.

Sincerely,

Michael S. Zazzara
City Assessor





City of Rochester, New York

PROPERTY TAX EXEMPTION FOR PERSONS WITH DISABILITIES 2019-2020 RENEWAL APPLICATION

PLEASE MAIL APPLICATION BY FEBRUARY 1, 2019

LAST LEGAL DATE TO APPLY IS FRIDAY, FEBRUARY 1, 2019

SBL# _____

Name: _____

Address: _____

DATE OF BIRTH

DID APPLICANT(S) FILE FOR **2017**: FEDERAL INCOME TAX RETURN? ☐ YES ☐ NO
 NEW YORK STATE INCOME TAX RETURN? ☐ YES ☐ NO

IF **YES** FOR EITHER, ATTACH A **COPY** OF YOUR FEDERAL TAX RETURN AND PAGES 1 & 2 OF THE NEW YORK STATE TAX RETURN AND ALSO A COPY OF THE **2017** SOCIAL SECURITY 1099'S.

IF **NO**, SUBMIT ALL **2017** INCOME STATEMENTS (1099'S).

SEE OTHER SIDE

DO NOT WRITE IN SPACES BELOW, FOR OFFICE USE ONLY

	SOCIAL SECURITY (FORM SSA-1099)	X			\$
	SOCIAL SECURITY (SPOUSE)		X		
PENSIONS & ANNUITIES					
INTEREST ON SAVINGS, BONDS, NOTES MORTGAGES					
WAGES					
STOCK DIVIDENDS					
RENTAL INCOME					
OTHER (LIST)					
TOTAL AMOUNT PAID TO RESIDENTIAL HEALTH CARE FACILITY: \$ _____		TOTAL INCOME		\$ _____	

NOTE: You can only have one Disability exemption in New York State.

DISRNF

PLEASE ANSWER THE FOLLOWING: (Attach additional sheets if explanation is necessary)

YES ☐ Is there another person the City should contact if we have any questions
NO ☐ regarding your application?
Name _____ Telephone # _____
Email _____

YES ☐ Are any school-age children (including tenant children) residing on the property?
NO ☐ If **YES**, which schools do they attend?

YES ☐ Since filing last year's application, has there been any change in the
NO ☐ **OWNERSHIP** of the property? If not previously submitted, please attach a copy of the
death certificate for any owner who has died within the past 12 months.

YES ☐ Since filing last year's application, has there been any change in the **OCCUPANCY** of the
NO ☐ property? If the property is no longer your legal residence or an owner is confined to
a health care facility, please provide a statement from the facility indicating amount paid in
2017.

YES ☐ Since filing last year's application, has there been any change in the **USE** of the property?
NO ☐ If the property is no longer used as a one, two, or three family residence please explain.

IMPORTANT NOTICE: ALL OWNERS AND SPOUSES MUST SIGN THIS APPLICATION

I certify that all statements submitted with this application are true and correct to the best of my belief and I 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 \$100.00.

SIGNATURE(S) DATE TELEPHONE # SOCIAL SECURITY NUMBER

X _____ -_____-_____
YOUR SIGNATURE

X _____ -_____-_____
SPOUSE'S OR OTHER OWNER'S SIGNATURE

EMAIL: _____

**IF YOU HAVE ANY QUESTIONS, PLEASE
CALL: 585-428-6994**

Please use the enclosed envelope and mail
to: City of Rochester
Bureau of Assessment
30 Church Street, Room 101A
Rochester, NY 14614