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

one city ROCHESTER
Bureau of Assessment

First-Time

Please return the completed AGED Application in Person ASAP

You must apply no later than February 1, 2013

Dear Property Owner:

This is the first-time application for the Real Property Tax Senior Citizen's Exemption.

You will be a first-time exemption applicant if you choose to apply. **It is necessary for you to 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 **by February 1, 2013.**

Last year's (**2011**) 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 in your tax returns (including schedules), 1099 statements and your original application form as soon as you can to avoid the busy periods later. The Assessment staff will complete the income portion of the application with you. Please bring proof of your age with you when you apply for the exemption. Once all filing information has been received, **a property inspection will be scheduled to verify residency and inventory.**

Approved Senior Citizen Exemptions in the City of Rochester reduce real property taxes for City, City School District, and County of Monroe tax bills. Depending on your **2011** income (which cannot exceed **$37,400**) tax abatements range from 50% down to 5% of your assessment.

All approved Senior Citizens Exemptions will automatically receive the Enhanced STAR exemption.

If you believe you may be over the income limit, please file anyway and we will review your information. If you fail to qualify for the Senior Citizens Exemption but your application demonstrates that you qualify for the **Enhanced STAR** exemption (income cannot exceed **$79,050**), your property will receive that exemption.

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.

Warmest regards,

Thomas G. Huonker
City Assessor

Enclosure

City of Rochester, New York

APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF AGED PERSONS

RETURN APPLICATION BY: _____

LAST LEGAL DATE TO APPLY IS FRIDAY, FEBRUARY 1, 2013
ALL FIRST TIME APPLICANTS MUST APPEAR IN PERSON

Applicant's Name and Mailing Address:

Remember to sign top of other side

2013-2014

1.	Name of owner or owners of property (applicants)	Property Address
Owner:		
Spouse:		
Other:		

2. Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced
If widowed, **submit** a copy of the death certificate with application.
If legally separated, **submit** a copy of the court documents with application.

3. Documents submitted with application as proof of age of owners:

Owner:	☐ Birth/Baptismal Certificate	☐ Drivers Lic.	☐ Other _____
Spouse:	☐ Birth/Baptismal Certificate	☐ Drivers Lic.	☐ Other _____
Other:	☐ Birth/Baptismal Certificate	☐ Drivers Lic.	☐ Other _____

4a. Do all the owners of the property reside on the premises? ☐ Yes ☐ No
4b. If answer to **4a** is **NO**, does the owner reside in a health care facility? ☐ Yes ☐ No
4c. If answer to **4b** is **YES, provide a statement from the facility indicating the amount paid in 2011**

5. Are any school age children (including tenant children) residing on premises? ☐ Yes ☐ No
If **YES**, Student Name Grade Level School Attended
_____

6. Did applicant(s) file for **2011**
Federal Income Tax Return? ☐ Yes ☐ No
New York State Return? ☐ Yes ☐ No

If **YES** for either, attach a **copy** of the return(s) and schedules and a **copy** of the **2011** Social Security 1099.
If **NO,** submit all **2011** income statements (1099's).

7. Is there another person the City should contact if we have any questions regarding your application? ☐ Yes ☐ No
Name _____ Telephone # _____
e-mail: _____

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

AGEAPF

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 OTHERS' SIGNATURE			

e-mail: _____

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

DO NOT WRITE IN SPACES BELOW, FOR OFFICE USE ONLY

DATE OF OWNERSHIP: _____

USE CODE: _____

	SOCIAL SECURITY (FORM SSA-1099)				$
	SOCIAL SECURITY (SPOUSE)				
PENSIONS & ANNUITIES					
INTEREST ON SAVINGS, BONDS, NOTES MORTGAGES					
WAGES					
IRA INCOME					
STOCK DIVIDENDS					
RENTAL INCOME					
OTHER (LIST)					

Total amount paid to residential health care facility. $ _____

TOTAL INCOME $