

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



Renewal

Please return the AGED Application ASAP

You must apply for renewal no later than February 1, 2013

Dear Renewal Applicant:

Enclosed is the Real Property Tax Senior Citizen's Exemption renewal application. For your convenience we encourage you to **mail** in your application to avoid any long lines.

<u>PLEASE READ ALL DIRECTIONS AND QUESTIONS CAREFULLY.</u> Include <u>copies</u> of your **2011** Social Security SSA-1099 statement and your **2011** 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 **2011** year end 1099 statements to verify **2011** income.

Easy! The Assessment staff will complete the income portion of the renewal application. Your **2011** income cannot exceed \$37,400. We encourage you to submit your application even if you believe you are over the income limit. You may be eligible for an Enhanced STAR tax exemption that has an income ceiling of \$79,050.

Easy! You have already received the 2011 papers you need to file your renewal. Your completed application must be received by the Bureau of Assessment no later than February 1, 2013. Prompt renewal will help assure that you continue to receive the benefits of this exemption.

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

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. Easy!

Warmest regards,

Thomas G. Huonker City Assessor

encl: application, return envelope

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





City of Rochester, New York

PROPERTY TAX AGED EXEMPTION 2011-2012 RENEWAL APPLICATION

MAIL	APPL	ICA	TION E	3Y:					

THIS APPLICATION BY LAW MUST BE RECEIVED BY ASSESSOR NO LATER THAN TUESDAY, FEBRUARY 1, 2011

Did applicant(s)	file for 2009:	Federal Income New York State		□ Ye		□ No □ No		
		PY of the compleal Security 1099's	ete return(s) and s.	schedu	ıles			
If NO , submit a	all 2009 incor	me statements (1	099's)					
				SEE	OTH	IER SI	DE	>
DO NOT W	RITE IN S	SPACES BI	ELOW, FOR	R OF	FIC	E US	SE ON	ILY
	SOCIAL SEC	URITY (FORM S	SA-1099)	X		\$		
	SOCIAL SEC	URITY (SPOUSI	E)		X			
PENSIONS & ANNUITIES								
INTEREST ON SAVINGS, BONDS, NOTES MORTGAGES								
WAGES								
IRA INCOME								
STOCK DIVIDENDS								
RENTAL INCOME	 							
OTHER (LIST)								
Total amount paid	to residential h	ealth care facility	.\$		OTA COM			

PLEASE	ANSWER THE FOLLOWING:	(Attach additional shee	ets if explanation is necessary)					
YES 🗆 NO 🗅	Is there another person the City should contact if we have any questions regarding your application? Name Telephone #							
	e-mail:							
YES 🗆 NO 🗅	Are any school-age children (inclessed property? If YES, which school Student Name	· · · · · · · · · · · · · · · · · · ·	residing on the School Attended					
YES 🗆 NO 🗆	Since filing last year's application, OWNERSHIP of the property?lecopy of the Death Certificate for an	f not previously submi	tted, please attach a					
YES 🗆 NO 🗆	Since filing last year's application, has there been any change in the OCCUPANCY of the 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 2009.							
YES 🗆 NO 🗆	Since filing last year's application, has there been any change in the USE of the property? If the property is no longer used exclusively as a one, two, or three family residence, please explain.							
	ALL OWNERS AND SPOUS	TANT NOTICE: ES MUST SIGN THIS A	PPLICATION					
understand	all statements submitted with this appl that any willful false statement of mate a period of five years and a fine of not more thar	rial fact will be grounds						
SIGNATURE(S) DA		TELEPHONE#	SOCIAL SECURITY NUMBER					
XYOUR SIGN								
v								
SPOUSE'S	DR OTHER OWNER'S SIGNATURE							
	IAVE ANY QUESTIONS, 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					