



**Renewal**  
Please return ASAP the  
**Persons with Disabilities & Limited Income Application**  
**You must apply for renewal no later than February 3, 2014**

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 **2012** Social Security SSD-1099 statement (or other disability pension statement) and your **2012** 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 **2012** year end 1099 statements to verify all of the **2012** income received.

**The Assessment staff will complete the income portion of the renewal application.** Your **2012** 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, 2014** – 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 (DT214), if any.

**You have already received the 2012 papers you need to file your renewal.** Your completed **application must be received by the Bureau of Assessment no later than February 3, 2014.** Prompt renewal will help assure that you continue to receive the benefits of this 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.

Warmest regards,

Thomas G. Huonker  
City Assessor





City of Rochester, New York  
**DISABILITY TAX EXEMPTION  
 2014-2015 RENEWAL APPLICATION**

MAIL APPLICATION BY: \_\_\_\_\_

THIS APPLICATION BY LAW MUST BE RECEIVED BY ASSESSOR  
 NO LATER THAN FEBRUARY 3, 2014

Applicant's Name & Mailing Address:

\_\_\_\_\_  
 DATE OF BIRTH

Did applicant(s) file for 2012: Federal Income Tax Return?  Yes  No  
 New York State Return?  Yes  No

If **YES** for either, attach a **COPY** of the complete return(s) and schedules  
 and a **COPY** of the **2012** Social Security 1099's.

If **NO**, submit all **2012** 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					
IRA INCOME					
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

