



Renewal

Please return the AGED Application ASAP

You must apply for renewal no later than Monday, February 2, 2015

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.

PLEASE READ ALL DIRECTIONS AND QUESTIONS CAREFULLY. Include copies of your **2013** Social Security SSA-1099 statement and your **2013** Federal and New York State tax returns (including schedules) if you are required to file and your December 2013 statement of annual **IRA earnings (interest, dividends, capital gains, etc.)** If you do not file tax returns, you must submit all **2013** year end 1099 statements to verify **2013** income.

The Assessment staff will complete the income portion of the renewal application. Your **2013** 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 **\$83,300**.

You have already received the 2013 papers you need to file your renewal. Your completed **application must be received by the Bureau of Assessment no later than Monday, February 2, 2015.** 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.

Warmest regards,

Thomas G. Huonker
City Assessor





City of Rochester, New York
**PROPERTY TAX AGED EXEMPTION
 2015-2016 RENEWAL APPLICATION**

MAIL APPLICATION BY: _____

THIS APPLICATION BY LAW MUST BE RECEIVED BY ASSESSOR
 NO LATER THAN MONDAY, FEBRUARY 2, 2015

Did applicant(s) file for 2013: 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 **2013** Social Security 1099's.

If **NO**, submit all **2013** 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 DIVIDENDS/ INTEREST/ EARNINGS (see December 2013 statement) | | | | | |
| STOCK DIVIDENDS | | | | | |
| RENTAL INCOME | | | | | |
| OTHER (LIST) | | | | | |
| Total amount paid to residential health care facility. \$ _____ | | TOTAL INCOME | | \$ _____ | |

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 # _____
 e-mail: _____

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

Student Name _____ Grade Level _____ School Attended _____

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
 NO **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 2013.

YES Since filing last year's application, has there been any change in the
 NO **USE** of the property? If the property is no longer used exclusively 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

e-mail: _____

**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