



First-Time

Please return the completed AGED Application in Person ASAP

You must apply no later than Monday, February 3, 2014

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 Monday, February 3, 2014.**

Last year's (**2012**) 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, December 2012 statement of annual **IRA dividends and/or interest** 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 **2012** 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 **\$81,900**), 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 MONDAY, FEBRUARY 3, 2014

ALL FIRST TIME APPLICANTS MUST APPEAR IN PERSON

Applicant's Name & Mailing Address: _____

Remember to sign top
of other side 

2014-2015

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: <i>Owner:</i> ☐ Birth/Baptismal Certificate ☐ Drivers Lic. ☐ Other _____ <i>Spouse:</i> ☐ Birth/Baptismal Certificate ☐ Drivers Lic. ☐ Other _____ <i>Other:</i> ☐ 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 2012.	
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 2012 : 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 2012 Social Security 1099. If NO , submit all 2012 income statements (1099's).	
7.	Is there another person the City should contact if we have any questions ☐ Yes ☐ No regarding your application? Name _____ Telephone # _____ e-mail: _____	

NOTE: You can only have one Aged exemption in New York State and none from other states.

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 DIVIDENDS/ INTEREST (see December 2012 statement)					
STOCK DIVIDENDS					
RENTAL INCOME					
OTHER (LIST) _____					

Total amount paid to residential health care facility. \$ _____

TOTAL INCOME

\$ _____