



Renewal

Please return the AGED Application ASAP

You must apply for renewal no later than Monday, February 1, 2016

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 **2014** Social Security SSA-1099 statement and your **2014** 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 **2014** year end 1099 statements to verify **2014** income.

The Assessment staff will complete the income portion of the renewal application. Your **2014** 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 **\$84,550**.

You have already received the 2014 papers you need to file your renewal. Your completed **application must be received by the Bureau of Assessment no later than Monday, February 1, 2016.** 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 2016-2017 RENEWAL APPLICATION

MAIL APPLICATION BY: _____

**THIS APPLICATION BY LAW MUST BE RECEIVED BY ASSESSOR
NO LATER THAN MONDAY, FEBRUARY 1, 2016**

Did applicant(s) file for 2014:	Federal Income Tax Return? New York State Return?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No		
If YES for either, attach a COPY of the complete return(s) and schedules and a COPY of the 2014 Social Security 1099's.					
If NO , submit all 2014 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					
STOCK DIVIDENDS					
RENTAL INCOME					
OTHER (LIST)					
Total amount paid to residential health care facility. \$ _____		TOTAL INCOME		\$ _____	

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

AGERNF

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 2014.

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