



Renewal  
**Please return ASAP the**  
**Persons with Disabilities & Limited Income Application**  
**You must apply for renewal no later than February 1, 2016**

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 **2014** Social Security SSD-1099 statement (or other disability pension 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 all of the **2014** income received.

**Easy! 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 the household income is somewhat over the limit, just to be sure.

If you or your spouse will be age 65 by **December 31, 2016** – 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.

**Easy! 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 February 1, 2016**. 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. Easy!

Warmest regards,

Thomas G. Huonker  
City Assessor





City of Rochester, New York

# DISABILITY TAX EXEMPTION 2016-2017 RENEWAL APPLICATION

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

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

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

Did applicant(s) file for 2014: 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 **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 Disability exemption in New York State.**

DISRNF

**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?  
\_\_\_\_\_  
\_\_\_\_\_

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