



## Renewal

### Please return the AGED Application ASAP

**Please apply for renewal no later than Thursday, October 25, 2018**

**(Last Legal Date to File is February 1, 2019)**

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 **2017** Social Security SSA-1099 statement and your **2017** 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 **2017** year end 1099 statements to verify **2017** income.

**The Assessment staff will complete the income portion of the renewal application.** Your **2017** 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 **\$86,300**.

**You have already received the 2017 papers you need to file your renewal.** Your completed **application must be received by the Bureau of Assessment no later than Friday, February 1, 2019.** Prompt renewal will help assure that you continue to receive the benefits of this exemption.

Information regarding the Enhanced Star Exemption for Seniors:

**Due to Changes made by New York State, if you currently have the Enhanced Senior Star exemption in addition to the AGED Exemption, you must fill out the additional New York State RP-425 forms enclosed in this package.**

If your income exceeds the \$37,400 limit, up to \$86,300, you still qualify for the Enhanced Star Exemption. Call the Exemption Hot Line (585) 428-6994 during business hours for more information.

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.

Sincerely,

Michael S. Zazzara  
City Assessor



City of Rochester, New York

# PROPERTY TAX AGED EXEMPTION 2019-2020 RENEWAL APPLICATION

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

**LAST LEGAL DATE TO APPLY IS FRIDAY, FEBRUARY 1, 2019**

SBL# \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**2019-2020**

Did applicant(s) file for **2017**: 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 **2017** Social Security 1099's.

If **NO**, submit all **2017** 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 AND 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.**

PLEASE ANSWER THE FOLLOWING: (Attach additional sheets if explanation is necessary)										
YES <input type="checkbox"/> NO <input type="checkbox"/>	<p>Is there another person the City should contact if we have any questions regarding this application?</p> <p style="margin-top: 20px;">Name: _____ Telephone: _____</p> <p>Email: _____</p>									
YES <input type="checkbox"/> NO <input type="checkbox"/>	<p>Are any school-age children (including tenant children) residing on the property? If <b>YES</b>, which schools do they attend?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">Student name</th> <th style="width: 20%; text-align: left;">Grade Level</th> <th style="width: 45%; text-align: left;">School attended</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Student name	Grade Level	School attended	_____	_____	_____	_____	_____	_____
Student name	Grade Level	School attended								
_____	_____	_____								
_____	_____	_____								
YES <input type="checkbox"/> NO <input type="checkbox"/>	<p>Since filing last year's application, has there been any change in the <b>OWNERSHIP</b> of the property? <i>If not previously submitted, please attach a <u>copy</u> of the death certificate for any owner who has died within the past 12 months.</i></p>									
YES <input type="checkbox"/> NO <input type="checkbox"/>	<p>Since filing last year's application, has there been any change in the <b>OCCUPANCY</b> of the property? If the property is no longer your legal residence or an owner is</p> <p>Living in a health care facility, please provide a statement from the facility</p> <p>Indicating amount paid in 2017.</p>									
YES <input type="checkbox"/> NO <input type="checkbox"/>	<p>Since filing last year's application, has there been any change in the <b>USE</b> of the property? If the property is no longer used exclusively as a one, two, or Three family residence, please explain.</p>									

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 _____	_____	_____	_____-_____-_____
<small>YOUR SIGNATURE</small>			
X _____	_____	_____	_____-_____-_____
<small>SPOUSE'S OR OTHERS' SIGNATURE</small>			

EMAIL: \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS,  
PLEASE CALL: 585-428-6994**

Please mail to: City of Rochester  
 Bureau of Assessment  
 30 Church Street, Room 101A  
 Rochester, NY 14614



**MUST BE FILED WITH THE CITY OF ROCHESTER BY FEBRUARY 1, 2019**

Department of Taxation and Finance  
Office of Real Property Tax Services

**RP-425-IVP**  
(7/18)

## Supplement to Forms RP-425-E and RP-425-Rnw

### Mandatory for all Enhanced STAR Applicants

When applying or reapplying for the Enhanced STAR exemption, you **must** submit this form to your assessor along with your initial or renewal Enhanced STAR application form, whichever is applicable, and proof of income. For more information, see page 2.

#### Location of property

Property identification: Tax map number or section/block/lot (see tax bill or assessment roll)		
Location of property (street address)		Unit number
City, town, or village	State	ZIP code
Contact name		
Phone number	Email address	

All owners of the property, and any owner's spouse who resides on the premises, must provide their Social Security numbers and sign the authorization below. **Failure to do so will result in denial of the Enhanced STAR exemption.**

#### Authorization

I (we) authorize the New York State Department of Taxation and Finance to annually verify, using my (our) Social Security number(s) supplied below, whether my (our) income is greater than the applicable annual income standard for purposes of the Enhanced STAR exemption.

**Please print the names of all owners and resident spouses**

First name	M.I.	Last name	Social Security number	Signature

For assessor's use only

6-digit muni code \_\_\_\_\_

Ownership code (Enter **M** or **C** if this property is a mobile home or a cooperative) \_\_\_\_\_

## Instructions

### New for 2019

**You must include this form when applying or reapplying for the Enhanced STAR exemption.**

### General information

To apply or reapply for the Enhanced STAR exemption, submit this application and the appropriate form below to your assessor:

- Form RP-425-E, *Application for the Enhanced STAR Exemption for the 2019-2020 School Year*, or
- Form RP-425-Rnw, *Renewal Application for Enhanced STAR Exemption for the 2019-2020 School Year*.

You must also provide proof of income as described on the above forms.

**Note:** Only senior citizens who were previously receiving the Basic STAR exemption are eligible to submit Form RP-425-E.

When submitting this form, you must supply the Social Security numbers of all owners of the property and of any owner's spouse who resides on the premises.

In the first year, the assessor will verify your eligibility based on the income information you provide. In the following years, the New York State Department of Taxation and Finance will verify your income eligibility. You will not need to reapply for the exemption or provide copies of your tax returns to your local assessor.

The Tax Department will **not** disclose your income to the assessor. It will only disclose whether or not your income is below the applicable income standard.

Participants are not required to reapply annually for the exemption but are requested to advise the assessor if the property is no longer their primary residence or if the ownership of the property has changed.

**Nassau County homeowners:** Complete Form RP-425-IVP along with the county's *Enhanced STAR Property Tax Exemption Application*, which is available at Nassau County's website at [www.nassaucountyny.gov](http://www.nassaucountyny.gov) (search: *STAR*). Submit both forms to the address on page 2 of Nassau County's application.

### Privacy notification

The Privacy Act of 1974 requires us to advise you that the law which allows us to ask for your Social Security numbers is New York Real Property Tax Law section 425 (4)(b). It is mandatory that you furnish your Social Security numbers. Once you furnish them, they will be forwarded to the New York State Department of Taxation and Finance, which will use them to verify, or attempt to verify, whether your income is greater than the applicable income standard for purposes of the Enhanced STAR exemption.

**If you do not furnish your Social Security numbers, you will be unable to receive an Enhanced STAR exemption.**

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