



## Renewal

### Please return the Senior Citizen Tax Exemption Application ASAP

(Last Legal Date to File is February 3, 2020)

Dear Renewal Applicant:

Enclosed is the Real Property Tax Senior Citizen's Exemption (RPTL-467) 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 **2018** Social Security SSA-1099 statement and your **2018** 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 **2018** year end 1099 statements to verify **2018** income.

**The Assessment staff will complete the income portion of the renewal application.** Your **2018** 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 **\$88,050**.

**You have already received the 2018 papers you need to file your renewal.** Your completed **application must be received by the Bureau of Assessment no later than Monday, February 3, 2020.** Prompt renewal will help assure that you continue to receive the benefits of this exemption.

Information regarding the Enhanced Star Exemption for Seniors:

If your income exceeds the \$37,400 limit, up to \$88,050, 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

# RENEWAL APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF SENIOR CITIZENS

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

**LAST LEGAL DATE TO APPLY IS MONDAY, FEBRUARY 3, 2020**

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

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

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

\_\_\_\_\_

**2020-2021**

Did applicant(s) file for <b>2018</b> :	Federal Income Tax Return?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	New York State Return?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If <b>YES</b> for either, attach a COPY of the complete return(s) and schedules and a COPY of the <b>2018</b> Social Security 1099's.					
If <b>NO</b> , submit all <b>2018</b> income statements (1099's)				<b>SEE OTHER SIDE</b>	

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 Senior Citizen Tax Exemption in New York State and none from other states.**

**PLEASE ANSWER THE FOLLOWING:** (Attach additional sheets if explanation is necessary)

YES   
NO

Is there another person the City should contact if we have any questions regarding this application?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

YES   
NO

Are any school-age children (including tenant children) residing on the property? If **YES**, which schools do they attend?

Student name	Grade Level	School attended
_____	_____	_____
_____	_____	_____

YES   
NO

Since filing last year's application, has there been any change in the **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   
NO

Since filing last year's application, has there been any change in the **OCCUPANCY** of the property? If the property is no longer your legal residence or an owner is living in a health care facility, please provide a statement from the facility indicating amount paid in 2018.

YES   
NO

Since filing last year's application, has there been any change in the **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 _____	_____	_____	_____-_____-_____
<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