



## Renewal Application Persons with Disabilities & Limited Income

Please return ASAP

**The legal deadline for filing your renewal is no later than February 3, 2020**

Dear Renewal Applicant:

Enclosed is the renewal application for the partial tax exemption for Persons with Disabilities & Limited Incomes (RPTL-459). 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 (or other disability pension statement) and your complete **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 all of the **2018** income received.

**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 Friday, February 3, 2020.** Prompt renewal will help assure that you continue to receive the benefits of this exemption.

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

If you or your spouse will be age 65 by **December 31, 2020** – 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 (DD214), if any.

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 EXEMPTION FOR PERSONS WITH DISABILITIES 2020-2021 RENEWAL APPLICATION

PLEASE MAIL APPLICATION BY DECEMBER 2, 2019

LAST LEGAL DATE TO APPLY IS FEBRUARY 3, 2020

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

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

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

\_\_\_\_\_

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

DID APPLICANT(S) FILE FOR **2018**:  
 FEDERAL INCOME TAX RETURN?  YES  NO  
 NEW YORK STATE INCOME TAX RETURN?  YES  NO

IF **YES** FOR EITHER, ATTACH A **COPY** OF YOUR COMPLETE FEDERAL AND NEW YORK STATE TAX RETURNS AND ALSO A COPY OF THE **2018** SOCIAL SECURITY 1099'S.

IF **NO**, SUBMIT ALL **2018** 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 # \_\_\_\_\_  
Email \_\_\_\_\_

YES  Are any school-age children (including tenant children) residing on the property?  
NO  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 **OCCUPANCY** of the  
NO  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  
2018.

YES  Since filing last year's application, has there been any change in the **USE** of the property?  
NO  If the property is no longer used 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

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

**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