



## Renewal Application Persons with Disabilities & Limited Income

**The legal deadline for filing your renewal is no later than February 1, 2021**

Dear Renewal Applicant:

Enclosed is the renewal application for the partial tax exemption for Persons with Disabilities & Limited Incomes (RPTL-459).

Either come in person (**bring your supporting documents**) to the City of Rochester, Bureau of Assessment, City Hall-Room 101A, 30 Church Street or mail in your application. Due to COVID-19 and social distancing guidelines, we urge you to call 585-428-6994 and schedule an appointment for any business day between 9:00 AM and 4:00 PM. The last date to legally file is **Monday, February 1, 2021**.

**PLEASE READ ALL DIRECTIONS AND QUESTIONS CAREFULLY.** Include copies of your **2019** Social Security SSA-1099 statement (or other disability pension statement) and your complete **2019** 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 **2019** year end 1099 statements to verify all of the **2019** income received.

**You should have already received the 2019 papers you need to file your renewal.** Your completed **application must be received by the Bureau of Assessment no later than Monday, February 1, 2021**. 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 **2019** 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, 2021** – 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





NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

RP-459-c-Rnw (9/09)

Rev. 9/20

by City of Rochester

RENEWAL APPLICATION FOR PARTIAL TAX EXEMPTION  
FOR REAL PROPERTY OF PERSONS WITH DISABILITIES  
AND LIMITED INCOMES

Must Be Filed With The City of Rochester By February 1, 2021

APPLICATION MUST BE FILED WITH YOUR LOCAL ASSESSOR BY TAXABLE STATUS DATE

Do not file this form with the Office of Real Property Tax Services.

General information and instructions for completing this form are contained in RP-459-c-Ins

1. Name and telephone no. of owner(s) \_\_\_\_\_  
\_\_\_\_\_  
Day No. (     ) \_\_\_\_\_  
Evening No. (     ) \_\_\_\_\_
2. Mailing address of owner(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
E-mail (optional) \_\_\_\_\_
3. Location of property (see instructions):  
Street address \_\_\_\_\_  
City/Town \_\_\_\_\_ Village (if any) \_\_\_\_\_  
School District \_\_\_\_\_  
Property identification (see tax bill or assessment roll)  
Tax map number or section/block/lot \_\_\_\_\_
4. Description of nature of applicant's physical or mental impairment which currently substantially limits one or more major life activities (e.g. walking) \_\_\_\_\_
5. Indicate documents submitted with previous application as proof of disability unless proof of permanent disability was submitted in a previous year.  
☐ Proof of permanent disability submitted in previous year  
☐ Award letter from Social Security Administration of entitlement to social security disability insurance (SSDI) or supplemental security income (SSI)  
☐ Award letter from Railroad Retirement Board of entitlement to railroad retirement disability benefits  
☐ Certificate from State Commission for the Blind and Visually handicapped stating that applicant is legally blind  
☐ Award letter from United States Postal Service certifying disability pension  
☐ Award letter from United States Department of Veterans Affairs certifying disability pension
6. Do all the owners of the property presently reside on the premises? ☐ Yes ☐ No  
If answer to 6 is No, is an owner receiving medical care as an in-patient in a residential health care facility?  
☐ Yes ☐ No  
If answer is Yes, specify name and location of the facility \_\_\_\_\_  
\_\_\_\_\_
7. Is any portion of the property used for other than residential purposes (farming, commercial, vacant land, professional office, etc.)? ☐ Yes ☐ No  
If answer is Yes, explain such use and describe the portion that is so used. \_\_\_\_\_  
\_\_\_\_\_
8. **2019** Income of each owner and resident spouse of each owner for the calendar year immediately preceding date of application **MUST** be set forth on next page (attach additional sheets if necessary).

Name of owner(s)	2019 Source of income	Amount of income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

  

Name of spouse(s) if not owner of property	2019 Source of income of spouse(s)	Amount of income of spouse(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Subtotal income of owner(s) and spouse(s)** \$ \_\_\_\_\_

9. Of the income specified in #8 how much, if any, was used to pay for an owner's care in a residential health care facility?  
(Attach proof of amount paid: enter zero if not applicable.) \$ \_\_\_\_\_  
(#8 minus #9) \$ \_\_\_\_\_

10. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located complete the following:
- |  |          |
|--|----------|
| (a) Medical and prescription drug costs;   | \$ _____ |
| (b) Subtract amount of (a) paid or reimbursed by insurance:  | \$ _____ |
| (c) Unreimbursed amount of (a) (attach proof of expenses and reimbursement, if any; enter zero if option not available): | \$ _____ |

**Total income of owner (s) and spouse (s) [#9 minus #10 (c)]** \$ \_\_\_\_\_

11. Did the owner or spouse file a federal or New York State Income Tax return for the preceding year?  
☐ Yes ☐ No If answer is Yes, attach copy of such return or returns.

12. Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades K through 12? ☐ Yes ☐ No  
If Yes, show name and location of school(s): \_\_\_\_\_

If Yes, was the child (or were the children) brought into the residence in whole or in substantial part for the purpose of attending a particular school within the school district? ☐ Yes ☐ No

I certify that all the statements made on this application are true and correct.

**Signature**

All Owners Must Sign

Date of Birth

Marital Status

Phone No.

Date

_____	_____	_____	_____
_____	_____	_____	_____

**SPACE BELOW FOR USE OF ASSESSOR**

Date application filed \_\_\_\_\_

Exemption applies to taxes levied by or for:

- ☐ Application approved  
☐ Application disapproved

- |                                  |                                 |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Town    | <input type="checkbox"/> School |
| <input type="checkbox"/> Village | <input type="checkbox"/> County |

Assessor's signature

Date