



Renewal

Please return the Senior Citizen Tax Exemption Application ASAP

(Last Legal Date to File is February 1, 2023)

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. The last date to legally file is **February 1, 2023**.

PLEASE READ ALL DIRECTIONS AND QUESTIONS CAREFULLY. Include copies of your **2021** Social Security SSA-1099 statement and your **2021** 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 **2021** year end 1099 statements to verify **2021** income.

The Assessment staff will complete the income portion of the renewal application. Your **2021** 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 **\$93,200**.

***PLEASE NOTE: THE CURRENT MAXIMUM INCOME LEVEL IS \$37,400. NEW YORK STATE RECENTLY PASSED LEGISLATION RAISING THE MAXIMUM TO \$58,400. THEREFORE, YOU ARE ENCOURAGED TO SUBMIT YOUR COMPLETED APPLICATION ALONG WITH YOUR INCOME PENDING ADOPTION OF THE NEW INCOME LEVELS BY THE CITY OF ROCHESTER AND COUNTY OF MONROE.**

You should already have received the 2021 papers you need to file your renewal. Your completed **application must be received by the Bureau of Assessment no later than February 1, 2023**. 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.

Sincerely,

Michael S. Zazzara
City Assessor



Renewal Application for Partial Tax Exemption for Real Property of Senior Citizens

To be filed with your local assessor by taxable status date.
Do **not** file this form with the Office of Real Property Tax Services.

Name of applicant(s)					
Mailing address (number and street or PO box)			Location of property (street address)		
City, village, or post office	State	ZIP code	City, village, or post office	State	ZIP code
Daytime contact number			Evening contact number		
Email address (optional)			School district		
Name(s) of any non-owner spouse(s)			Tax map number or section/block/lot: Property identification (see tax bill or assessment)		

- 1 Since filing your application last year, fully describe in the lines below any changes in:
- a title to the property (due to death, addition or deletion of owner);
 - b legal residence or occupancy of the property (e.g. confinement of owner in hospital or nursing home, divorce, legal separation or abandonment by spouse); or
 - c use of residence for other than residential purposes (store, office, farm, etc.).
 - d Children of owners, tenants or leaseholders living on the premises attending public school grades pre-K-12; if so, give the name and location of the school or schools, and state whether such child or children were brought into the property in whole or in substantial part for the purpose of attending a particular school within the school district.

Mark an **X** in the box if there has been no change in items **a, b, c,** and **d** above

Explanation of changes that have occurred as indicated on line 1 (attach additional sheets if necessary). _____

- 2 Did the owner or spouse file a federal or New York State income tax return for the applicable income tax year (see Form RP-467-I, Instructions for Form RP-467, to determine the applicable income tax year)?
If Yes, attach a copy of the return(s) Yes No

If you do not have a copy of the return or returns, see Form RP-467-I.

(continued)

3 Provide the income of each owner and spouse of each owner for the applicable income tax year, except for an owner who is absent from the residence due to divorce, legal separation, or abandonment. Attach additional sheets if necessary. See Form RP-467-I to determine the applicable income tax year and the income to be included.

Names of owner(s) and spouse(s)	2021 Source of income	Amount of annual income

3a Total income of owner(s) and spouse(s) <i>(add all income sources)</i>	3a	
3b Of the income on line 3a, 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 0 if not applicable <i>(see instructions)</i>	3b	
3c Subtract line 3b from line 3a	3c	

4 If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located (contact assessor for information), complete the following:

4a Unreimbursed medical and prescription drug costs <i>(be sure to deduct any amounts reimbursed by insurance)</i>	4a	
4b Subtotal income of owner(s) and spouse(s) <i>(line 3c minus line 4a)</i>	4b	

5 If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located, complete the following:

Veteran's disability compensation received. Attach proof; enter 0 if not applicable	5	
--	----------	--

6 Total income of owner(s) and spouse(s) <i>(line 4b subtotal minus line 5)</i>	6	
---	----------	--

7 Certification

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief. I (we) 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.

Signature <small>(If more than one owner, all must sign)</small>	Marital status	Phone number	Date

This Area for Assessor's Use Only

Date renewal application filed _____ Approved Disapproved

Reason for denial _____

Exemption applies to taxes levied by or for: City/Town _____ % County _____ %
 School _____ % Village _____ %

Assessor's signature	Date
----------------------	------