



Department of Taxation and Finance
Office of Real Property Tax Services

RP-467

Application for Partial Tax Exemption for Real Property of Senior Citizens

For help completing this application, see Form RP-467-I, *Instructions for Form RP-467*. You must file this application with your local assessor by the taxable status date. Do not file this form with the Office of Real Property Tax Services.

Name(s) of owner(s)					
Mailing address of owner(s) (number and street or PO box)			Location of property (street address)		
City, village, or post office		State	ZIP code	City, town, or village	
				State	ZIP code
Daytime contact number		Evening contact number		School district	
E-mail address			Tax map number of section/block/lot: Property identification (see tax bill or assessment roll)		
Name(s) of any non-owner spouse(s)					
Address(es) of primary residence(s) if different from above:					

1 Indicate which documents you included with this application as proof of age of owners (see instructions):

Driver license Birth certificate Other (specify) _____

2 Date you acquired ownership of property (see instructions): _____

3 Indicate document included with application as proof of ownership (see instructions):

Deed Other (specify) _____

4 Do all the owners of the property presently occupy the premises as their legal primary residence? Yes No

4a If the answer to 4 is No, is an owner receiving medical care as an in-patient in a residential health care facility? Yes No

4b If the answer to 4a is Yes, specify name and location of the facility: _____

4c If the answer to 4 is No, is the non-resident owner the spouse or former spouse of the resident owner? Yes No

4d If the answer to 4c is Yes, is he or she absent from the residence due to divorce, legal separation, or abandonment? Yes No

5 Is any portion of the property used for other than residential purposes (commercial, professional office, etc.)? Yes No

5a If answer is Yes, explain such use and describe the portion that is so used. _____

This form is to be used **ONLY** for the *Partial Tax Exemption for Real Property of Senior Citizens*. It is **NOT** to be used for the *Enhanced STAR Exemption*, which is a separate exemption. To be eligible for Enhanced STAR, you will either have to apply with the Assessment Office or register with NYS (depending on how you currently receive STAR).

For these STAR forms, please visit: <https://www.tax.ny.gov/star/>

For more information on this Senior Citizen Exemption, please refer to NYS Publication 1091: <https://www.tax.ny.gov/pdf/publications/orpts/pub1091.pdf>

6 List the income of each owner and spouse of each owner for the applicable income tax year. Attach additional sheets if necessary. (See instructions to determine the applicable income tax year and the income to be included.)

Name of owner(s)	Source of income	Amount of income
<p>You MUST also complete the enclosed 2022 Income Statement (required) AND Residential Rental Worksheet (if applicable). ATTACH COPIES OF the ENTIRE 2022 STATE and FEDERAL INCOME TAX RETURNS, Proof of Age FOR ALL OWNERS, Copy of Deed / ALL pages, schedules, and supporting documentation, including, but not</p>		<p>Complete Attached Income Statement</p>
<p>Continued...</p>		
<p>6a Total income of owner(s)</p>		<p>6a</p>

Name of spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)
<p>...limited to: ALL W-2's, Social Security Statements, 1099's, 1099-DIV's, AND proof of non-taxable income (if any). If you do not file a tax return, ALL OWNERS'S SUPPORTING documents that would be required to file a tax return must be submitted. YOU MUST ALSO SUBMIT ALL YEAR END IRA STATEMENTS IN ADDITION TO THE IRA 1099's. <u>EVEN IF YOU HAVE NOT TAKEN A DISTRIBUTION, ALL IRA ANNUAL OR YEAR END STATEMENTS ARE REQUIRED (in this case, you will not receive a 1099).</u></p>		<p>Complete Attached Income Statement</p>
<p>6b Total income of spouse(s)</p>		
<p>6c Total income of owner(s) and spouse(s) (add line 6a and line 6b)</p>		<p>6c</p>

7 Of the income specified in line 6c 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. (see instructions)

7	
7a	

8 If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which the property is located (see instructions), complete the following:

8a Unreimbursed medical and prescription drug costs (deduct any amounts reimbursed by insurance).

8a	
8b	

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

9a Veteran's disability compensation received (attach proof, enter 0 if not applicable)

9a	
9b	

10 Did the owner or spouse file a federal or New York State income tax return for the applicable income tax year? (see instructions to determine the applicable income tax year)..... Yes No
 If answer is Yes, attach copy of such return or returns (if you do not have a copy, see instructions).

11 Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades pre-K through 12? Yes No

11a If the answer to 11 is Yes, list name and location of school(s): _____

11b If the answer to 11 is 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 (we) certify that all statements made on this application are true and correct to the best of my (our) belief and 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.

PLEASE DO NOT FORGET TO SIGN AND DATE and include your birth date.

Signature of EACH Owner (If more than one owner, all must sign)	Marital status	Phone number	Today's Date / BIRTH DATE
X			/
X			/
X			/
X			/
X			/

IMPORTANT: DEADLINE TO APPLY IS MAY 1st NO EXCEPTIONS

We recommend that you file by April 1st OR as soon as your tax return is prepared. With the new income limits and new applicants coming into the office, we will get very busy and this application requires a significant amount of time to review and process.

This Area for Assessor's Use Only

Date application filed _____

Exemption applies to taxes levied by or for:

- Proof of age submitted
- Proof of ownership submitted
- Proof of income submitted
- Application approved
- Application disapproved

- Town _____ %
- County _____ %
- School _____ %
- Village _____ %
- City _____ %

Assessor's signature	Date
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**Town of Rye Assessor's Office 222 Grace Church Street
Suite 303 Port Chester, NY 10573
914-939-3075 ext 140, Email: assessor@townofryeny.com**

Submission (by May 1st) must be made in paper format which can be hand delivered to our office, mailed, or put in the drop box (outside the main entrance of 222 Grace Church). Please do not send originals. If you need copies, we can make them (if you come in-person).

As of December 2022, masks are optional. Please check our website or call to see if any changes are being made for the in-person submission process due to COVID.

<https://www.townofryeny.com/departments/assessment-office>

IMPORTANT NEWS:

The Town of Rye and Westchester County recently passed Local Laws adopting higher income limits to qualify for the Partial Tax Exemption for Real Property of Senior Citizens, as follows:

Annual Income			Exemption Percentage
Less than 50,000.00			50%
50,000.00	to	50,999.99	45%
51,000.00	to	51,999.99	40%
52,000.00	to	52,999.99	35%
53,000.00	to	53,899.99	30%
53,900.00	to	54,799.99	25%
54,800.00	to	55,699.99	20%
55,700.00	to	56,599.99	15%
56,600.00	to	57,499.99	10%
57,500.00	to	58,399.99	5%

It is IMPORTANT to note that the villages and schools have NOT adopted the new limits. This may change by May 1, 2023 (please check our website for any updates). The income limits for the villages and schools currently remain as they have been, as follows:

Income from \$0	to \$29,000.0050%
Income from \$29,000.01	to \$29,999.9945%
Income from \$30,000.00	to \$30,999.9940%
Income from \$31,000.00	to \$31,999.9935%
Income from \$32,000.00	to \$32,899.9930%
Income from \$32,900.00	to \$33,799.9925%
Income from \$33,800.00	to \$34,699.9920%
Income from \$34,700.00	to \$35,599.9915%
Income from \$35,600.00	to \$36,499.9910%
Income from \$36,500.00	to \$37,399.9905%

According to NYS, Income does not include:

- "• Supplemental Security Income
 - welfare payments
 - gifts and inheritances
 - payments received as participants in the Federal Foster Grandparents Program
 - a return of capital
 - reparation payments received by Holocaust survivors
 - distributions from IRAs"

Town of Rye ~ Office of the Assessor

222 Grace Church Street
 Port Chester, NY 10573
 (914) -939-3075 ext 140

Income Statement for Calendar Year 2022

FILING DEADLINE IS MAY 1st, 2023

Section-Block-Lot: _____
 Name of Owner(s): _____
 Property Address: _____

YOU MUST SUBMIT-Your 2022 State & Federal Income Tax Returns-ALL pages, schedules, and supporting documentation (including, but not limited to, ALL W-2's, Social Security Statements, 1099's, 1099-DIV, 1099-R's, etc., AND proof of non-taxable income [if any]). If you do not file a tax return, ALL OWNERS' SUPPORTING documents that would be required to file a tax return must be submitted. **YOU MUST ALSO SUBMIT ALL YEAR END IRA STATEMENTS IN ADDITION TO THE IRA 1099's. EVEN IF YOU HAVE NOT TAKEN A DISTRIBUTION, ALL IRA ANNUAL OR YEAR END STATEMENTS ARE REQUIRED (in this case, you will not receive a 1099).** **ALL OWNERS INCOME MUST BE INDICATED BELOW.**

Source of Income		Check Applicable Boxes	Owner #1 (Dollar Amt is Required)	Owner #2 (Dollar Amt is Required)	Owner #3 (Dollar Amt is Required)
1	Social Security (Gross Amount)				
2	Salary or Wages (and bonuses, if any)				
3	Bank Account Interest				
4	Total Dividends				
5	Non-taxable Interest on US Savings Bonds & Treasury Notes, and State and Local Bonds				
6	Earning (Dividend/Interest on IRAs)				
	<i>Please list individual names & account numbers of ALL IRAs (even if no distribution was taken) Example: Indicate source (like "Met Life") & Acct. #</i>				
	IRA:				
	IRA:				
Do you have any IRA(s) for which you have NOT taken any distributions? If yes, list above & supply year end					
7	Pensions: Monies received from governmental or private retirement				
8	Non-taxable Pension (Including VETERAN's)				
9	Foreign Pension/Income				
10	Annuity Payments				
11	Net Capital Gains				
12	Gains from Sales or Exchanges				
13	Net Income from Estates or Trusts				
14	Net earnings from Business Profession				
15	Net RENT (plus current depreciation) Please complete rental income worksheet on reverse if no income tax return is filed.				
16	Alimony or Support Income				
17	Disability Payments (Including VETERAN's)				
18	Worker's Compensation Payments				
19	Unemployment Insurance				
20	Gambling Earnings, Prize Money, Lottery, Etc.				
21	Any Other Income				
		TOTAL			

BY signing below, I/we certify that all statements made on this application are true and correct.

X _____ Date: _____
 X _____ Date: _____ [**ALL** owners must sign.
 X _____ Date: _____ If necessary, use addt'l form]

See back of RP-467 Exemption Application (pg 4) for income limits and what NYS does **NOT** consider as income.

Continued on reverse side...

Residential RENTAL Income Statement For Calendar Year 2022

Town of Rye
 Office of the Assessor
 222 Grace Church Street
 Port Chester, NY 10573

FILING DEADLINE IS MAY 1st, 2023

****Please complete this form only if part of your property is rented.****

Name of Owner(s): _____

Property Address: _____

Section/Block/Lot: _____

If a portion of your property is rented and you do not file a tax return, you must complete this form.

Are the expenses listed below for your **ENTIRE** residence? YES NO

Are the expenses listed below for the rental portion **ONLY**? YES NO

Residential Rental	INCOME
GROSS RENT:	
EXPENSES	
Real Estate Taxes	
Homeowners Insurance	
Maintenance/Repairs	
Heat (if tenant does not pay)	
Water (if tenant does not pay)	
Gas (if tenant does not pay)	
Electric (if tenant does not pay)	
Other Expenses _____	
Other Expenses _____	
TOTAL EXPENSES:	

IMPORTANT: This form must be completed every year.

**OFFICE OF THE ASSESSOR
TOWN OF RYE**
222 GRACE CHURCH STREET, 3rd Floor (Suite 303)
PORT CHESTER, NEW YORK 10573
(914) 939-3075x140 * [Fax] 914-939-8926

Property Location Address: _____

Third Party Authorization

If we have questions & cannot reach you, please provide an additional contact name(s).

Contact #1

Name: _____ Relationship: _____

Phone: _____ Email: _____

Contact #2

Name: _____ Relationship: _____

Phone: _____ Email: _____

Please check all that apply and SIGN BELOW:

- I hereby give the Assessment Office authorization to contact the above third party to follow-up on the exemption application process.
- I hereby give the Assessment Office authorization to contact the above third party with income related questions. (If so, **please provide a photo ID(s)** of your authorized third party.)
- Check here if you have already submitted a copy of your **Power of Attorney** and there are no changes. (Note: The Power of Attorney already serves as third party authorization, so there is nothing you need to do.)
- Check here even if you elect not to have third party representation.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

*Please feel free to email us **ONLY** the Third Party Authorization, Power of Attorney & Representatives ID(s) to **assessor@townofryeny.com** and include in the subject line Third Party Authorization & your property address. Note **ONLY** pdfs (not jpgs or images) will be accepted and all pages **must** be merged into the appropriate type of document.*

PLEASE DO NOT EMAIL YOUR APPLICATION AND ATTACHMENTS.