



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

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

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)
2. Mailing address of owner(s)
3. Location of property (see instructions):
4. Description of nature of applicant's physical or mental impairment...
5. Indicate documents submitted with application as proof of disability...
6. Indicate document submitted with application as proof of ownership...
7. Do all the owners of the property presently occupy the premises...
8. Is any portion of the property used for other than residential purposes...
9. Income of each owner and spouse of each owner for the calendar year immediately preceding date of application...

Name of owner(s)	Source of income	Amount of income
_____	_____	_____
_____	_____	_____
_____	_____	_____
Name of spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
Subtotal income of owner(s) and spouse(s)		\$ _____

10. Of the income specified in #9 how much, if any, was used to pay for an owner's care in a residential health care facility? (See instruction #10) (Attach proof of amount paid: enter zero if not applicable.)  
 (#9 minus #10) \$ \_\_\_\_\_  
\$ \_\_\_\_\_

11. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located (see instructions #11), 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) [#10 minus #11 (c)] \$ \_\_\_\_\_

12. 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. (See instruction #12.)

13. 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 statements made on this application are true and correct.

Signature (If more than one owner, all must sign.)	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  County  Town  
 Proof of disability submitted  Proof of ownership submitted  School  Village

\_\_\_\_\_  
 Assessor's signature Date