



Renewal Application for Partial
Tax Exemption for Real Property
Of Persons with Disabilities and
Limited Incomes

For help completing this application, see Form RP-459-c-Ins, Instructions for Forms RP-459-c and RP-459-c-Rnw. 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.

Form with fields: Name(s) of owner(s), Mailing address of owner(s), Location of property, City, village, or post office, State, ZIP code, Daytime contact number, Evening contact number, School district, Email address, Tax map number of section/block/lot, Name(s) of any non-owner spouse(s), Address(es) of primary residences(s) if different from above.

1 Describe the nature of your physical or mental impairment which currently substantially limits one or more major life activities, such as walking.

2 Mark an X in the appropriate box(es) to indicate the document(s) submitted with your previous application as proof of your permanent disability (see instructions):

- Proof of permanent disability
Award letter from the Social Security Administration of your entitlement to social security disability insurance or supplemental security income (SSI)
Award letter from the Railroad Retirement Board of your entitlement to railroad retirement disability benefits
Certificate from the New York State Commission for the Blind stating you are legally blind
Award letter from the United States Postal Service certifying your disability pension
Award letter from the United States Department of Veterans Affairs certifying your disability pension

3 Have you received this exemption before? Yes No

If No, stop. Do not complete this form. Apply for this exemption using Form RP-459-c, Application for Partial Tax Exemption for Real Property of Persons with Disabilities and Limited Incomes.

4a Does the owner with the disability presently occupy the premises as their legal residence? Yes No

If Yes, skip to line 5.

4b Is an owner receiving medical care as an inpatient in a residential healthcare facility? Yes No

If Yes, enter the name and location of the facility.

5 Is any portion of the property used for purposes other than residential, such as farming, commercial, vacant land, or professional offices? Yes No

If Yes, describe such use, and the portion that is so used.

**6a** List the income of each owner and the 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.)

Income of owner(s)		
A Name of owner(s)	B Source of income	C Amount of income
<b>6b Total income of owner(s) (add column C) .....</b>		<b>6b</b>

Income of spouse(s) who are not owners		
A Name of spouse(s) if not owner of property	B Source of income of spouse(s)	C Amount of income of spouse(s)
<b>6c Total income of spouse(s) (add column C) .....</b>		<b>6c</b>
<b>6d Total income of owner(s) and spouse(s) (add lines 6b and 6c) .....</b>		<b>6d</b>

**7a** Of the income specified in line 6d, what amount was used to pay for an owner's care in a residential healthcare facility? (Attach proof of the amount paid; enter 0 if not applicable; see instructions) ..... **7a**

**7b** Total income of owner(s) and spouse(s) (subtract line 7a from line 6d) ..... **7b**

**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:

<b>8a</b> Unreimbursed medical and prescription drug costs .....	<b>8a</b>
<b>8b</b> Total income of owner(s) and spouse(s) (subtract line 8a from line 7b) .....	<b>8b</b>

**9** Did the owner or their 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 Yes, attach a copy of the return(s). (see instructions)

**10a** 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

If No, skip to *Certification*.

**10b** List the name(s) and location(s) of each school.

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**10c** 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

**Certification**

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.

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

**For Assessor's Use Only**

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

- Proof of disability submitted
- Proof of ownership submitted
- Proof of income submitted
- Application approved
- Application denied

Exemption applies to taxes levied by or for:

- Town \_\_\_\_\_%
- County \_\_\_\_\_%
- School \_\_\_\_\_%
- Village \_\_\_\_\_%
- City \_\_\_\_\_%

Assessor's name	Date
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