



INSTRUCTIONS FOR HOMEOWNER EXEMPTION APPLICATION

OVERVIEW

This application is for the following homeowner property tax exemption programs:

- Basic and Enhanced School Tax Relief (STAR)
- Senior Citizen Homeowners' Exemption (SCHE)
- Disabled Homeowners' Exemption (DHE)
- Veterans' Exemption

APPLICATION DEADLINE

Your application must be postmarked by March 17th, 2014. If eligible, benefits will begin July 1, 2014.

Please mail applications to:

**NYC Department of Finance
P.O. Box 311
Maplewood, NJ 07040-0311**

Faxes will not be accepted. Keep a copy of your completed application for your records.

IMPORTANT

Before mailing your application, please review the required documents checklist on page 4 to make sure that you have attached all of the required documentation. Failure to do so will delay the processing of your application.

SPECIFIC INSTRUCTIONS

SECTION 1 – PROPERTY INFORMATION

Give the complete address and the borough, block and lot number of the property for which you are seeking tax benefits and the date you purchased the property. The Borough, Block and Lot numbers for properties other than co-ops can be found on your Property Tax Bill and the Finance website at nyc.gov/finance.

Please indicate the type of residence by checking the appropriate box. If the property is a co-op, please provide the Unit number, the number of shares and the name and contact number of the management company/agent. If you checked 4+ family home, please provide the percentage of space used as your primary residence.

SECTION 2 – OWNER INFORMATION

This section must be completed for all owners of the property (each person on the deed or stock certificate). Information for all owners is required even if not all of the owners reside at the property. If there are more than two owners, use the Additional Owners Information and Certification form, which is part of this application packet.

Provide the name, date of birth and Social Security number for all owners on the deed or stock certificate. Social Security numbers must be included or Finance cannot process your application.

Indicate if this is the primary residence for each owner.

Indicate the owners are spouses or brothers/sisters by checking the appropriate box.

If there is a life estate on the property, then the owners of the life estate must complete the owner information section.

If the property is owned by a business, personal exemption will be not granted.

SECTION 3 – INCOME INFORMATION

If you are applying for the Basic STAR, Enhanced STAR, Senior Citizen and/or the Disabled Homeowners Exemption, you must provide proof of income for calendar year 2012 for all owners.

Owners who file a Federal Income Tax return must attach a complete copy of their 2012 return including all schedules and attachments for all owners.

Owners who are not required to file a tax return must indicate their name(s) on the application and attach copies of any income documentation, such as 2012 Social Security Benefits statements or 1099 forms.

If you are applying for a Senior Citizen or Disabled Homeowners exemption, attach documentation of any unreimbursed medical or prescription expenses. These expenses will be deducted from your income.

Income Thresholds: Basic and Enhanced STAR

Basic STAR - Total combined household income of \$500,000 or less for resident owners and resident spouses.

Enhanced STAR - Total combined household income of \$79,050 or less for all owners regardless of where they live and resident spouses.

Household income is defined as the Federal Adjusted Gross Income less the taxable amount of IRA distributions for all household members.

Income Thresholds: Senior Citizens and Disabled Homeowners

Senior Citizens and Disabled Homeowners - Total combined income of \$37,400 or less for all the owners and their spouses regardless of where they live.

Total combined income includes the following:

- All social security payments (taxable less non-taxable amount claimed)
- Salaries and wages (including bonuses)
- Interest (including nontaxable interest on state or local bonds)
- Ordinary dividends
- Net earnings from farming, rentals, business or profession (including amounts claimed as depreciation for income tax purposes)
- Income from estates or trusts
- Gains from sales and exchanges
- Payments from governmental or private retirement or pension plans (taxable less non-taxable amount claimed)
- Annuity payments (excluding amounts representing a return of capital)
- Alimony or support money
- Unemployment insurance payments, disability payments, workers' compensation, etc.
- IRA distribution less the taxable amount claimed.

Total combined income does not include:

- Supplemental security income
- Welfare payments
- Reverse mortgage proceeds (but any interest or dividends realized from the investment of such proceeds are income)
- Gifts, inheritances or a return of capital
- Nazi persecution reparation payments
- Federal Foster Grandparent Program payments

Allowable deductions:

- Unreimbursed medical and prescription drug expenses.

SECTION 4 – AGE VERIFICATION

If you are applying for a Senior Citizen Homeowners exemption or Enhanced STAR, you must provide a copy of a government-issued ID, such as a driver's license, passport or birth certificate. To be eligible for a senior exemption, all owners must be 65 by December 31, 2014 or the spouse or brother/sister of an owner who will be at least 65 by December 31, 2014

SECTION 5 – DISABILITY INFORMATION

To be eligible for the Disabled Homeowner exemption, an owner must receive one of the following forms of disability-related financial assistance:

- Social Security Disability Insurance (SSDI);
- Supplemental Security Income (SSI) benefits;
- Railroad Retirement Disability Benefits (RRDB);
- Disability pension from the US Postal Service.

Indicate if any owner has a certificate from the State Commission for the Blind and Visually Handicapped stating that he/she is legally blind.

To receive the Disabled Homeowner exemption, you must submit a copy of one of the following required documents:

- 2012 award letter from Social Security Administration
- Award letter from the Railroad Board or U.S. Postal Service
- Certificate from the State Commission for the Blind or Visually Handicapped

If you only receive workman's compensation, you are not eligible for the Disabled Homeowner exemption.

SECTION 6 – VETERAN INFORMATION

Indicate if any of the owners are veterans, the spouse or unremarried widow/widower of a veteran, or parents of a soldier killed in action. Veterans are former members of the United States armed forces or the Merchant Marines (during World War II) or recipients of expeditionary medals.

To receive a veteran exemption, you must provide a copy of the DD-214 or separation papers for each veteran.

Periods of conflict are:

- *World War I* April 6, 1917 - November 11, 1918
- *World War II* December 7, 1941 - December 31, 1946
- *Korean Conflict* June 27, 1950 - January 31, 1955
- *Vietnam War* February 28, 1961 - May 7, 1975
- *Persian Gulf War* Beginning August 2, 1990

“Combat zone” refers to a location of active combat, such as Vietnam during the Vietnam War. Veterans who served during a period of conflict but who were stationed in non-combat areas (for example, a soldier who was in the service during the Vietnam War dates but who was not stationed in Vietnam or another combat area) should check “No” to the combat zone question. If you checked yes, indicate the combat zone in which the veteran served.

If the veteran is disabled, according to the Veterans' Administration designation, you may be eligible for a disabled veteran exemption. Submit a copy of a Veterans Administration letter for the veteran that indicates the disability rating. You can obtain your disability rating from the US Department of Veterans Affairs by calling 1-800-827-1000.

SECTION 8 – SIGNATURES AND CERTIFICATIONS

All owners must sign and date the application whether or not they reside at the property.

Please provide a phone number and email address where we can contact you if we have questions about your application.

REQUIRED DOCUMENTS CHECKLIST

Find the exemptions you are applying for and look down the column to see what you are required to submit with this application. If you do not submit the required documents you will delay processing and may be denied the exemption.

REQUIRED DOCUMENTS	Basic STAR	Enhanced STAR	Senior Citizen Home Owner (SCHE)	Disabled Home Owner (DHE)	Veteran
<p>PROOF OF AGE</p> <p>Copy of a Government-issued ID (Driver's License, Passport or birth certificate).</p>		✓	✓		
<p>PROOF OF INCOME</p> <p>Copies of 2012 federal tax returns and schedules/attachments for all owners. If any owners do not file a tax return, proof of 2012 earnings (Social Security, 1099 forms, W-2)</p>	✓	✓	✓	✓	
<p>PROOF OF DEDUCTIONS</p> <p>Copies of receipts for unreimbursed medical or prescription expenses</p>			✓	✓	
<p>PROOF OF DISABILITY</p> <p>One of the following for an owner:</p> <ul style="list-style-type: none"> • Copy of the award letter from the Social Security Administration • Copy of the award letter from the Railroad Board or the U.S. Postal Service • Copy of a certificate from the State Commission for the Blind and Visually Handicapped 				✓	
<p>PROOF OF VETERAN</p> <ul style="list-style-type: none"> • Copy of DD-214 or separation papers for each veteran 					✓
<p>PROOF OF DISABLED VETERAN</p> <ul style="list-style-type: none"> • For each disabled veteran, copy of Veteran's Administration letter documenting the disability rating 					✓

**EXEMPTION APPLICATION FOR HOMEOWNERS****2014/15**

This application is for your New York City primary residence.
Please read the instructions before you fill it out. If you have questions, contact 311 or email personalexemptions@finance.nyc.gov.
Applications must be postmarked by March 17, 2014 to be eligible for the 2014/15 tax year.

Please check the box of each exemption you are requesting and complete the corresponding sections:

Basic STAR
Sections 1, 2, 3 & 7

Enhanced STAR
Sections 1, 2, 3, 4 & 7

Senior
Sections 1, 2, 3, 4 & 7

Disabled
Sections 1, 2, 3, 5 & 7

Veteran
Sections 1, 2, 6 & 7

SECTION 1 - PROPERTY INFORMATION

Address: _____
HOUSE NUMBER STREET NAME APARTMENT NUMBER

_____ Block: _____ Lot: _____
BOROUGH ZIP CODE YOUR PROPERTY'S BLOCK AND LOT CAN BE FOUND AT nyc.gov/finance

Date you purchased the property: _____
MM DD YYYY

Type of Residence:

1-, 2-, 3-family dwelling 4+ family dwelling and the percent of space used for primary residence: _____%

Condominium Unit Cooperative - Unit # _____ Number of shares: _____

Coop Management Company: _____ Phone # _____
CONTACT COMPANY

SECTION 2 - OWNER INFORMATION

Owner #1: _____ Date of Birth: _____
FIRST NAME LAST NAME MM DD YYYY

Social Security #: _____ Is this Owner #1's Primary Residence? YES NO

Owner #2: _____ Date of Birth: _____
FIRST NAME LAST NAME MM DD YYYY

Social Security #: _____ Is this Owner #2's Primary Residence? YES NO

Are owners #1 and #2 married or brothers/sisters? YES NO

Is there a Life Estate on this property? YES NO If yes, name of person with life estate: _____

SECTION 3 - INCOME INFORMATION

I attached copies of the 2012 federal tax return and schedules for **all** owners and spouses. YES

For owners who are not required to file, I attached proof of 2012 earnings (Social Security, 1099 forms, W-2).

Name of owner not required to file tax forms: _____

Senior Citizen and Disabled Homeowners: Please attach documentation for any unreimbursed medical or prescription expenses for 2012.

SECTION 4 - AGE VERIFICATION

I included a copy of a government-issued ID for all owners who will be 65 or older by December 31, 2014. **YES**

SECTION 5 - DISABILITY INFORMATION

Do any of the owners or their spouses receive disability income, such as: Social Security Disability Insurance, Supplemental Security Income, Railroad Retirement Disability Benefits or a Disability Pension?	YES	NO
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If yes, submit a copy of one of the following required documents:

- Social Security Administration award letter
- Railroad Retirement Board or the U.S. Postal Service award letter
- State Commission for the Blind and Visually Handicapped certificate

SECTION 6 - VETERAN INFORMATION

	YES	NO	If YES, list years of service. Ex: 1965 - 1972
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Are any of the owners a veteran who served during a period of conflict?			
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Are any of the owners a spouse or unremarried widow/er of a veteran or a parent of a soldier killed in action?			
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	YES	NO	Combat Zone or Theater
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Did the veteran serve in a combat zone or theater? If yes, where?			
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Was the veteran disabled in the line of duty? If yes, submit a copy of a letter from the VA documenting the disability rating for each veteran.			
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If yes to any of the above, submit a copy of the DD-214 or separation papers for each veteran.

SECTION 7 - CERTIFICATION AND CONTACT INFORMATION

By signing below, I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subjected to audit and should Finance determine that I made false statements, I will be disqualified from future exemptions and will be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.

ALL OWNERS MUST SIGN AND DATE THIS APPLICATION, WHETHER THEY RESIDE ON THE PROPERTY OR NOT.

If there are more than two owners, please complete the Additional Owners' Sheet on page 3.

OWNER #1
SIGNATURE: _____ DATE: _____

OWNER #2
SIGNATURE: _____ DATE: _____

How can we contact you?

PHONE NUMBER

EMAIL

MAILING INFORMATION

Mail this completed application and ALL REQUIRED DOCUMENTATION to:

**NYC Department of Finance
P.O. Box 311
Maplewood, NJ 07040-0311**

PRIVACY ACT NOTIFICATION - Under the Federal Privacy Act of 1974, if we ask you to give us your social security number, we must tell you whether or not you are obligated to provide us with the social security number, our legal right to ask you for the information, and how we plan to use it. You must list you taxpayer identification number (SSN or EIN) in order to apply for an exemption from real property taxes. We are asking this information to make sure that our records are accurate, and that you have submitted accurate information. Our legal right to require this information is contained in Section 1-102.1 of the Administrative Code. This authorizes the Department of Finance to require any person to provide taxpayer identification number so that we may administer and collect taxes.

ADDITIONAL OWNERS INFORMATION AND CERTIFICATION

INSTRUCTIONS: If the property is owned by more than two owners, please add each additional owner below, sign and date and mail this sheet along with your completed application.

ADDITIONAL OWNER(S) INFORMATION

If there are more than 6 owners, please copy this sheet and complete as required.

Owner #3:

_____ FIRST NAME _____ LAST NAME

Date of Birth: Social Security #:

MM DD YYYY

Is this Owner #3's Primary Residence? YES NO

Relationship to other owners: _____

Owner #4:

_____ FIRST NAME _____ LAST NAME

Date of Birth: Social Security #:

MM DD YYYY

Is this Owner #3's Primary Residence? YES NO

Relationship to other owners: _____

Owner #5:

_____ FIRST NAME _____ LAST NAME

Date of Birth: Social Security #:

MM DD YYYY

Is this Owner #3's Primary Residence? YES NO

Relationship to other owners: _____

Owner #6:

_____ FIRST NAME _____ LAST NAME

Date of Birth: Social Security #:

MM DD YYYY

Is this Owner #3's Primary Residence? YES NO

Relationship to other owners: _____

ADDITIONAL OWNER(S) SIGNATURES - CERTIFICATION

ALL OWNERS MUST SIGN AND DATE THIS APPLICATION, WHETHER THEY RESIDE ON THE PROPERTY OR NOT

By signing below, I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subjected to audit and should Finance determine that I do not qualify for tax exemption, I will be disqualified from future exemptions and will be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.

OWNER #3 SIGNATURE

OWNER #4 SIGNATURE

OWNER #5 SIGNATURE

OWNER #6 SIGNATURE

DATE

DATE

DATE

DATE