Reside	ntial Form (6-10) Representative:		
Name	: Parcel I.D		
Addre	ess: Account No		
	erty owner must personally complete and sign this form in the presence of a y. All required documents* must be submitted with this form.		
Dear P	roperty Owner:		
receive Please	ill confirm that the Board of Assessment Review of the Village of Haverstraw, Rockland County has ed your application for review. take notice that the Board of Assessment Review will hold hearings on February 16, 2021 at the e Hall, Haverstraw, New York.		
supply	orm and all supporting documents* must be submitted no later than <u>02/23/2021</u> . Failure to this information within such time shall be deemed willful failure. Neglect to produce the requested entation <i>may result in a dismissal</i> and preclude further review.		
Please	e Complete in Full:		
	property your primary residence YES NO  Owner's estimate of the Market Value of Property:		
2.	Home Type (circle one): Cape Cod Colonial Contemporary Mansion Mediterranean Ranch Raised Ranch Split Level Tudor Town House		
	Total number of rooms:		
_	Total number of bedrooms:		
	Total number of bathrooms:FullHalf  Basement type:FinishedUnfinishedCrawl Space		
	Was this property purchased within the last year? YES NO  If YES:  Purchase Price of Property: Date Purchased  *COPY OF CLOSING STATEMENT MUST BE ATTACHED		
	Please indicate the circumstances affecting the sale/purchase: (circle one)  Parties Related Forced Sale Relocation Estate Sale Gift Involved		
8.	*An interior sketch and interior photographs of your property are required.		
9.	What is the insured value of your home as stated in your Homeowner's Insurance Policy?* PLEASE ATTACH A COPY OF THE FIRST PAGE OF YOUR INSURANCE FORM THAT INDICATES THIS AMOUNT		
10	Is the property currently for sale? YES NO  If YES, *A COPY OF THE LISTING AGREEMENT MUST BE ATTACHED  What is the asking price?  Is it listed with a broker? YES NO IF YES, WHEN?		

	Is it listed on a Multiple Listing Service?  Please list the amount of all offers to date:			
11.	Do you have a recent appraisal of the prope	erty? YES NC	<u> </u>	
	IF NOT PREVIOUSLY SUBMITTED, *A			
	Purpose of the appraisal (circle one):	For selling purposes		
			Other:	
12.	Have you or a previous owner made any pl			
12.	and/or alterations to this property such as the following:			
	1. New or remodeled kitchen:	Cost of improvement:		
	2. New Lavatory or bathroom:	Cost of improvement:		
	3. Finished Basement living area:	Cost of improvement:		
	4. Finished rooms in expansion attic:			
	5. New deck or porch:	Cost of improvement:		
	6. Other:	Cost of improvement:		
13.	Please list any unusual or outstanding feature(s)? e.g. water views, adjoining parkland etc.			
14.	olaint, including comparable			
	sales in your neighborhood, or any evidence that indicates an incorrect assessment of your property.			
16.	6. I consent to an interior inspection of my property if requested: YES NO			
	1 71			
If th listing	ecumentation must be attached for the property was sold within the past year: Attag agreement(s) If an appraisal has been compay of the first page of home insurance policy the	ach closing statement If proleted: Attach a copy of the	appraisal	
Signe	ed: D	ate:		
Name	e of Property Owner:			
Ivanic	Please Print Name H			
STAT	ΓΕ OF: NEW YORK			
COUNTY OF: ROCKLAND				
Sworn to me before me on thisday of, 20				
	,			
Notar	ry Public Signature			
We urg	ge you to timely supply this information and a	void the probability of havi	ng your complaint dismissed	
Chairne	erson of the Board of Assessment Review,			
-	of Haverstraw, Rockland County, New York	<u> </u>		
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Please return this form to:

Assessor's Office, Village of Haverstraw, Municipal Building, 40 New Main Street, Haverstraw, NY 10927