

Village Of Haverstraw

DEPUTY MAYOR

GIL CARLEVARO

MAYOR

MICHAEL F. KOHUT

CLERK/TREASURER

CARMELINA PALUMBO

TRUSTEES

RAFAEL BUENO

JOEL I. A. SANTANA

RICHARD SENA

Municipal Building

40 New Main Street

Haverstraw, New York 10927

Tele: (845) 429-0300 Fax: (845) 429-0353

VILLAGE ATTORNEY

J. NELSON HOOD, JR.

October 28, 2022

Dear Applicant:

Enclosed please find an application for Partial Tax Exemption of Persons with Disabilities and Limited Incomes which must be filed with the assessor on or before December 31st to be eligible for an exemption.

With your application you **MUST** submit

- a copy of your latest filed Federal Income Tax Return from **2021**. If you did not have to file an income tax return, you are required to turn in with your application a letter from the Internal Revenue Service confirming it. (You can get the Verification of Non-Filing letter by completing an IRS Form 4506-T and faxing it to (855-821-0094).
- Proof of birth (Birth Certificate, passport) of all owners
- Proof of Disability (i.e., Award letter)
- Deed to property
- Income information required for **ALL** owners
 - Signed Income Tax Returns including 1099 (must be signed)
 - Disability Compensation received
 - Pension Annual Statement (if direct deposit-bank statement or letter)
 - Medical, dental, vision and prescription drug expenses which were **NOT** paid by insurance -copies of original receipts only or cancelled checks

If you should need assistance or additional information you may inquire at the above office Monday through Friday between the hours 9:00a.m. and 5:00p.m. or call the Village Hall at (845) 429-0300 and speak to Isabel.

- **APPLICATIONS WILL BE ACCEPTED AT VILLAGE HALL STARTING NOVEMBER 1st, 2022**
- **PLEASE NOTE DEADLINE FOR FILING COMPLETED APPLICATIONS IS DECEMBER 31, 2022.**
- **APPLICATIONS WILL NOT BE ACCEPTED AFTER DECEMBER 31, 2022.**
- **INCOMPLETE APPLICATIONS WILL BE RETURNED.**

Sincerely,

Edye McCarthy, IAO
Assessor



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)

Day No. () _____
Evening No. () _____
E-mail address (optional) _____

3. Location of property (see instructions):

Street address _____

City/Town Haverstraw, NY 10927

Village (if any) Village

School District North Rockland Central School District

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot _____

4. Description of nature of applicant's physical or mental impairment which currently substantially limits one or more major life activities (e.g. walking) _____

5. Indicate documents submitted with application as proof of disability (See instruction #5)

- Award letter from Social Security Administration of entitlement to social security disability insurance (SSDI) or supplemental security income (SSI)
- Award letter from Railroad Retirement Board of entitlement to railroad retirement disability benefits
- Certificate from State Commission for the Blind and Visually Handicapped stating that applicant is legally blind
- Award letter from United States Postal Service certifying disability pension
- Award letter from United States Department of Veterans Affairs certifying disability pension

6. Indicate document submitted with application as proof of ownership (See instruction #6):

- Deed
- Mortgage
- Other (specify)

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

If answer to question 7 is No, is an owner receiving medical care as an in-patient in a residential health care facility? Yes No If answer is Yes, specify name and location of the facility. _____

8. Is any portion of the property used for other than residential purposes (farming, commercial, vacant land, professional office, etc.)? Yes No If answer is Yes, explain such use and describe the portion that is so used. _____

9. Income of each owner and spouse of each owner for the calendar year immediately preceding date of application MUST be set forth on next page (attach additional sheets if necessary). See instruction #9 for income to be included. (NOTE: Income does NOT include gifts, inheritances or a return of capital.)

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:

<input type="checkbox"/> Application approved	<input type="checkbox"/> Application disapproved	<input type="checkbox"/> County	<input type="checkbox"/> Town
<input type="checkbox"/> Proof of disability submitted	<input type="checkbox"/> Proof of ownership submitted	<input type="checkbox"/> School	<input type="checkbox"/> Village

Assessor's signature Date

VILLAGE OF HAVERSTRAW

Application must check all appropriate sources of income as listed below for your return filed for **2021** and enter amounts. Proof of item checked **MUST ACCOMPANY THIS STATEMENT.** If you filed a Federal Income Tax return, you must submit a copy. **(Federal return is required)** If you did not file any income tax this year complete the IRS Form 4506-T –Verification of Nonfiling and fax to: (855) 821-0094.

<u>SOURCE OF INCOME</u>	<u>Yes</u> <u>No</u>	<u>AMOUNT</u>
1. Social Security	_____ Yes _____ No	_____
2. Bonuses	_____ Yes _____ No	_____
3. Salary of Wages, including any Part time Employment	_____ Yes _____ No	_____
4. Interest	_____ Yes _____ No	_____
5. Non-taxable interest on State & Local Bonds	_____ Yes _____ No	_____
6. Total Dividends	_____ Yes _____ No	_____
7. Net rents plus current depreciation	_____ Yes _____ No	_____
8. Capital gains	_____ Yes _____ No	_____
9. Gains from sales or exchanges	_____ Yes _____ No	_____
10. Net income from estates or trusts	_____ Yes _____ No	_____
11. Net earnings from Self-employment	_____ Yes _____ No	_____
12. Net Farm income	_____ Yes _____ No	_____
13. Moneys received from government or private retirement or pension	_____ Yes _____ No	_____
14. Alimony or Support money	_____ Yes _____ No	_____
15. Disability payments	_____ Yes _____ No	_____
16. Workman's Compensation	_____ Yes _____ No	_____
17. Annuity Payments	_____ Yes _____ No	_____
18. Unemployment Insurance	_____ Yes _____ No	_____
19. Other	_____ Yes _____ No	_____
20. Sub-total		_____
	Deduct Medical	- _____
TOTAL		\$ _____

Signature _____

Date _____

PLEASE DO NOT FORGET TO:

- 1. Sign your application**
- 2. Sign your 2021 income tax return**
- 3. Supply us with all W2 and 1099 forms including Social Security and pension statements**
- 4. Copies of the November and December bank statements for 2021.**
- 5. Make copies of all out of pocket medical deductions if not claimed in your Income tax return (i.e. medical, dental, vision, prescriptions)**

