

Village Of Haverstraw

DEPUTY MAYOR

GIL CARLEVARO

TRUSTEES

RAFAEL BUENO

JOEL I. A. SANTANA

RICHARD SENA

MAYOR

MICHAEL F. KOHUT

Municipal Building

40 New Main Street

Haverstraw, New York 10927

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

CLERK/TREASURER

CARMELINA PALUMBO

VILLAGE ATTORNEY

J. NELSON HOOD, JR.

October 28, 2022

Dear Senior Citizen:

The Partial tax exemption on real property owned by persons sixty-five years of age or over is granted on an annual basis and is not carried over from one year to the next. Enclosed is an application which must be filed with the assessor on or before December 31, 2022 in order to be eligible for an exemption.

Enclosed also is a list of all requirements needed. Please fill out the form and return it to Village Hall. 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 ownership or Life Estate for one or more years is required for new applications.

You may deduct all medical and prescription drug expenses which were **NOT** paid by insurance, and any Veteran's Disability Compensation received. (*Receipts are necessary*).

The current maximum income allowed for an exemption is \$37,399.99. Your exemption will be prorated accordingly.

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

- APPLICATIONS WILL BE ACCEPTED AT VILLAGE HALL AS OF NOVEMBER 1, 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

REQUIREMENTS For Partial Tax Exemption for Real Property of Senior Citizens:

The Partial tax exemption on real property owned by persons sixty-five years of age or over is granted on an annual basis and is not carried over from one year to the next.

To qualify for the exemption **one** of the owners must be 65 years old (Husband & Wife only). If mother and daughter own the property for example both must be 65 years old unless mother had retained a "Life Estate".

All income from **each owner** and **spouse of each owner** for the calendar year preceding taxable status date must be reported. This includes social security, any interest, or dividends, including nontaxable State or Local bonds, rental income (you may not deduct depreciation on rentable property). All pension income, disability income, unemployment insurance income, Workmen's Compensation and any income from lottery or gambling income must also be reported.

1. You must also file proof of age when filing your initial application.
2. Copy of the deed.
3. If a Federal or State Income Tax return was filed for 2021, you must submit a signed copy.
4. 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).
5. If you are not required to file an Income Tax Return due to low income, you **must submit** all income statements (**All W2 and 1099 forms including Social Security and pension statements and copies of the November and December's bank statements for 2021.**)
6. You may deduct all medical and prescription drug expenses which were **NOT** paid by insurance, and any Veteran's Disability Compensation received. (copies of all out of pocket medical deductions receipts i.e. medical, dental, vision, prescriptions).

If there are any questions that you need answered or are unsure about, please call the Village Hall at (845) 429-0300 ext. 17 and speak to Isabel.



Application for Partial Tax Exemption for Real Property of Senior Citizens

For help completing this application, see Form RP-467-I, Instructions for Form RP-467. 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 for: Name(s) of owner(s), Mailing address of owner(s), Location of property, City, town, or village, State, ZIP code, Daytime contact number, Evening contact number, School district, E-mail address, Name(s) of any non-owner spouse(s), Address(es) of primary residence(s) if different from above.

1 Indicate which documents you included with this application as proof of age of owners (see instructions):

- Driver license, Birth certificate, Other (specify)

2 Date you acquired ownership of property (see instructions):

3 Indicate document included with application as proof of ownership (see instructions):

- Deed, Other (specify)

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

4a If the answer to 4 is No, is an owner receiving medical care as an in-patient in a residential health care facility? Yes No

4b If the answer to 4a is Yes, specify name and location of the facility:

4c If the answer to 4 is No, is the non-resident owner the spouse or former spouse of the resident owner? Yes No

4d If the answer to 4c is Yes, is he or she absent from the residence due to divorce, legal separation, or abandonment? Yes No

5 Is any portion of the property used for other than residential purposes (commercial, professional office, etc.)? Yes No

5a If answer is Yes, explain such use and describe the portion that is so used.

6 List the income of each owner and 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.)

Name of owner(s)	Source of income	Amount of income

6a Total income of owner(s) 6a

Name of spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)

6b Total income of spouse(s) 6b

6c Total income of owner(s) and spouse(s) (add line 6a and line 6b) 6c

7 Of the income specified in line 6c how much, if any, was used to pay for an owner's care in a residential health care facility? Attach proof of amount paid: enter 0 if not applicable. (see instructions) 7

7a Total income of owner(s) and spouse(s) (subtract line 7 from line 6c) 7a

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:

8a Unreimbursed medical and prescription drug costs (deduct any amounts reimbursed by insurance). 8a

8b Total income of owner(s) and spouse(s) (subtract line 8a from line 7a) 8b

9 If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located, complete the following (see instructions):

9a Veteran's disability compensation received (attach proof, enter 0 if not applicable) 9a

9b Total income of owner(s) and spouse(s) (subtract line 9a from line 8b) 9b

10 Did the owner or 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 answer is Yes, attach copy of such return or returns (if you do not have a copy, see instructions).

11 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

11a If the answer to 11 is Yes, list name and location of school(s): _____

11b If the answer to 11 is 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 (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

This Area for Assessor's Use Only

Date application filed _____

Exemption applies to taxes levied by or for:

- Proof of age submitted
- Proof of ownership submitted
- Proof of income submitted
- Application approved
- Application disapproved

- Town _____ %
- County _____ %
- School _____ %
- Village _____ %
- City _____ %

Assessor's signature	Date
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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)**

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