



NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

COMPLAINT ON REAL PROPERTY ASSESSMENT FOR 20

BEFORE THE BOARD OF ASSESSMENT REVIEW FOR _____

(~~CITY/TOWN~~ village of ~~COUNTY~~)

PART ONE: GENERAL INFORMATION

(General information and instructions for completing this form are contained in form RP-524-Ins)

1. Name and telephone no. of owner(s)

2. Mailing Address of owner(s)

Day no. () _____

Evening no. () _____

Email (optional) _____

3. Name, address and telephone no. of representative of owner, if representative is filing application.
(if applicable, complete Part Four on page 4.)

4. Property location

Street Address _____

Village (if any) _____

City/Town _____

County _____

School District _____

5. Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot _____

Type of property: Residence _____ Farm _____ Vacant land _____

Commercial _____ Industrial _____ Other _____

Description: _____

6. Assessed value appearing on the assessment roll:

Land \$ _____ Total \$ _____

7. Property owner's estimate of market value of property as of valuation date (see instructions)

\$ _____

PART TWO: INFORMATION NECESSARY TO DETERMINE VALUE OF PROPERTY

(If additional explanation or documentation is necessary, please attach)

Information to support the value of property claimed in Part One, item 7 (complete one or more):

- 1. Purchase price of property: \$ _____
 - a. Date of purchase: _____
 - b. Terms Cash Contract Other (explain)
 - c. Relationship between seller and purchaser (parent-child, in-laws, siblings, etc.): _____
 - d. Personal property, if any, included in purchase price (furniture, livestock, etc.; attach list and sales tax receipt): _____

- 2. Property has been recently offered for sale (attach copy of listing agreement, if any):
 When and for how long: _____
 How offered: _____ Asking price: \$ _____

- 3. Property has been recently appraised (attach copy): When: _____ By Whom: _____
 Purpose of appraisal: _____ Appraised value: \$ _____

- 4. Description of any buildings or improvements located on the property, including year of construction and present condition:

- 5. Buildings have been recently remodeled, constructed or additional improvements made:
 Cost \$ _____
 Date Started: _____ Date Completed: _____
 Complainant should submit construction cost details where available.

- 6. Property is income producing (e.g., leased or rented), commercial or industrial property and the complainant is prepared to present detailed information about the property including rental income, operating expenses, sales volume and income statements.

- 7. Additional supporting documentation (check if attached).

**VILLAGE OF HAVERSTRAW
2023 BOARD OF ASSESSMENT REVIEW**

REPRESENTATIVE'S NAME _____
 Property Owner: _____
 Property Address: _____
 Sheet/Block/Lot _____
 Account Number _____
 DATE: _____

This form is to be completed by an individual having personal knowledge of the information requested herein. All questions must be answered. Completion of this form constitutes an appearance and verification before the Board of Assessment Review within the meaning of Real Property Tax Law Section 525 (2)(a). Failure to properly complete and verify this form shall constitute **WILLFUL NEGLECT** or refusal to attend and be examined or to answer questions of the board.

This form must be completed and returned with the required supporting documentation by no later than February 21, 2023.

**MUST HAVE ORIGINAL SIGNATURE WITH CORRECT AUTHORIZATION ATTACHED.
 In addition, if representing a condominium, affidavit from all owners MUST be supplied.**

_____, being duly sworn deposes and states under the penalties of perjury:
 I am the _____ (relationship to property) of the above-named property. I have personal knowledge of all the facts stated below. I make this statement in support of my application for a reduction in the real property assessment for this parcel.

1. IDENTIFY THE TYPE OF PROPERTY:

_____ RETAIL	_____ WAREHOUSE
_____ OFFICE	_____ VACANT LAND
_____ MULTI-RESIDENTIAL DWELLING	_____ AGRICULTURAL
_____ OTHER (describe)	

2. Is this property owner-occupied? YES NO
 If the answer to question 2 is no, is any portion of this property leased? YES NO
 If the answer above is yes, the Board requires you to supply all of the following items:
 - a. A rent roll as of the Taxable Status period in question.
 - b. Itemized Income & Expense statement for the preceding income tax year.
 - c. Copies of all leases with amendments.

Is this property listed for sale or has this property been listed for sale during the past twelve months? YES _____ NO _____
 If the answer above is yes, a complete copy of the listing agreement must be supplied to the Board of Assessment Review when returning this document.

3. Has a contract of sale been entered into during the past twelve months? YES _____ NO _____
 If the answer above is yes, a complete copy of the contract must be supplied to the Board of Assessment Review when returning this document.

4. Has the property been sold within the past twelve months? YES _____ NO _____
 If the answer above is yes, a complete copy of the closing statement and contract of sale must be supplied to the Board of Assessment Review when returning this document.

5. Have any improvements been made to this property during the past twelve months? YES _____ NO _____
 If yes, supply the following:
 1. A schedule with a description of each improvement;
 2. Costs for each item;
 3. Responsibility for payment- Landlord, tenant or both when returning this document.

6. If the Landlord has paid for the improvements, has or will the tenant reimburse the landlord for said expenses in any manner.
 YES _____ NO _____

7. Provide any details concerning the proration or reimbursement of expenses on a separate page and return with this document.

I hereby swear (or affirm) that the statements above, and the explanations and documents supplied in connection with these documents are complete, truthful and accurate.

SIGNATURE _____
 PRINT NAME _____
 TITLE: _____

Sworn to before me this
 ___ Day of _____

CONFIDENTIAL INCOME AND EXPENSE FORM

1. PROPERTY IDENTIFICATION:

MUNICIPALITY: Village of Haverstraw
 SWISS CODE: 392201
 SECTION. BLOCK – LOT: _____

DATE: _____

2. REPORTING PERIOD AND ACCOUNTING BASIS

Reporting year: From: ____ / ____ / ____ to ____ / ____ / ____
 Accounting basis: Cash or Accrual

3. RESIDENTIAL OCCUPANCY – Number of dwelling units and rent by type of occupancy

TYPE OF OCCUPANCY	NUMBER OF UNITS	MONTHLY RENT
Rented, regulated		
Rented, unregulated		
Vacant		
Total		

Does rent reported include all recurring charges, such as parking and subsidies? _____

4. NONRESIDENTIAL OCCUPANCY – Approximate floor area in square feet

FLOOR	FILER OR RELATED	RENTED (UNRELATED)	VACANT	TOTAL
FLOORS 3-	Sq. ft.	Sq. ft.	Sq. ft.	Sq. ft.
2 nd FLOOR	Sq. ft.	Sq. ft.	Sq. ft.	Sq. ft.
1 st FLOOR	Sq. ft.	Sq. ft.	Sq. ft.	Sq. ft.
BASEMENT	Sq. ft.	Sq. ft.	Sq. ft.	Sq. ft.
ENTIRE BUILDING	Sq. ft.	Sq. ft.	Sq. ft.	Sq. ft.

MONTHLY RENT AND CHARGES:

5. LAND OR BUILDING LEASE

Does filer or a related person pay rent pursuant to an arms-length lease of the entire tax lot (or lots)? _____
 If yes, complete this part.

LESSOR	IF NOT OWNER OF RECORD, DESCRIBE RELATION TO PROPERTY
LESSEE	IF NOT FILER, DESCRIBE RELATION TO FILER

Term of lease: from : ____ / ____ / ____ Annual rent \$ _____

Start date of annual rent stated: ____ / ____ / ____ End date of annual rent stated: : ____ / ____ / ____

End date of lease option: : ____ / ____ / ____

Does lessor receive any sums in addition to annual rent stated? _____

If yes, state additional sum here \$ _____

Does lessor pay any of the operating expenses or real estate taxes? _____

If yes, specify _____

6. INCOME INFORMATION:

Section:

Block:

Lot:

Rental information	Number of units	Gross sq. ft. (if known)	Amount(s)	For office use only
a. Apartments				
b. Office				
c. Stores				
d. Garage/parking				
e. Warehouse/lofts				
f. Industrial				
g. Other rent				
h. SUBTOTAL (add lines a through g)				
i. Owner-occupied or owner-related space				
j. Operating escalation income				
k. Real estate tax escalation				
l. Sales of utilities and services				
m. Services (laundry, valet, vending, etc.)				
n. Other operating income (specify)				
o. TOTAL GROSS INCOME (add lines h through n)				

7. EXPENSE INFORMATION

a. Fuel		
b. Light and power		
c. Cleaning company		
d. Wages and payroll		
e. Repairs and maintenance		
f. Management and administration		
g. Insurance (annual)		
h. Water and sewer		
i. Advertising		
j. Interior painting and decorating		
k. Amortized leasing and tenant improvement costs		
l. Miscellaneous expenses (from Part 9)		
m. EXPENSES BEFORE REAL ESTATE TAXES (add lines a through l)		
n. Real estate taxes (before any abatements)		
o. TOTAL EXPENSE (add line m and n)		

8. NET PROFIT (OR LOSS)

a. Net before real estate taxes (subtract Part 7 line m from Part 6 line o)		
b. Net after real estate taxes (subtract Part 7 line o from Part 6 line o)		

9. ITEMIZATION OF MISCELLANEOUS EXPENSES

ITEM	ITEM
AMOUNT(\$)	AMOUNT(\$)
TOTAL MISCELLANEOUS EXPENSES	

10. TENANTS ELECTRICITY

Do tenants obtain electricity from the filer or a related person? _____

Is there a separate charge in addition to the rent _____