



**Village of Amityville**  
 21 Ireland Place, Amityville, NY 11701

**Application for: PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF SENIOR CITIZENS**

*Application must be filed with the Village of Amityville Assessor before December 31<sup>st</sup> for the May tax roll.  
 You must be 65 years of age to be eligible.*

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

\_\_\_\_\_  
 \_\_\_\_\_

Day No. ( ) \_\_\_\_\_

Evening No. ( ) \_\_\_\_\_

**2. Mailing address of owner(s)**

\_\_\_\_\_  
 \_\_\_\_\_

Name of Resident Spouse(if not listed as Owner) \_\_\_\_\_

**3. Location of Property**

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Tax Map Number or Section/Block/Lot

**4. Proof of age of owners (please check documents submitted)**

Birth Certificate

Baptismal Certificate

Other (specify) \_\_\_\_\_

**5. Date applicant(s) acquired ownership of property:** \_\_\_\_\_

**6. Indicate document submitted with application as proof of ownership:**

Deed       Mortgage       Other (specify) \_\_\_\_\_

**7. Do all the owners of the property presently reside on the premises?**  Yes  No

If the answer 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 facility: \_\_\_\_\_

If answer is NO, is the non-resident owner the spouse or former spouse of the resident owner who is absent from the residence due to divorce, legal separation or abandonment?  YES  NO

If answer is NO, please explain: \_\_\_\_\_

**8. If any portion of the property used for other than residential purposes (farming, commercial, vacant land, professional office, etc.)?**  Yes  No

If the answer is YES, explain such use and describe the portion of the property that is so used below:

**9. Income Eligibility Worksheet**

Based on Income received in the Calendar Year preceding the date of filing (please refer to cover letter)

W-2 Earnings: Owner(s) \_\_\_\_\_ (as listed on **IRS 1040** or copy of **W-2**)

Spouse \_\_\_\_\_

Interest/Dividend Earnings (including IRA earnings) \_\_\_\_\_

Full Social Security Payments (including Medicare) \_\_\_\_\_ (include **copy of statement**)

Spouse Social Security \_\_\_\_\_

Pension/Retirement Distributions (do not include IRA distributions) \_\_\_\_\_ (include **copy of 1099-R(s)**)

Self Employment/Rental Property Income \_\_\_\_\_ (If less than zero, enter 0)

Depreciation Expense Claimed on Self Employment Or Rental Income \_\_\_\_\_ (include **copy of Sched. C and/or E**)

Annuity Distributions (do not include return on Capital – taxable portion only) \_\_\_\_\_ (include **copy of 1099-R(s)**)

Capital Gains from sale of assets \_\_\_\_\_ (if less than zero, enter 0)

Alimony/Support/Unemployment \_\_\_\_\_

Contributions to IRA \_\_\_\_\_ (include **copy of IRS 1040**)

Other Income: \_\_\_\_\_

**Subtotal income of owner(s) and spouse(s)** \$ \_\_\_\_\_

10. Of the income specified above, how much, if any, was used to pay for an owner's care in a residential health facility? (Attach proof of amount paid) \_\_\_\_\_

**Total Income of owner(s) and spouse(s)** \$ \_\_\_\_\_

11. Did owner or spouse file a Federal Income Tax Return for the above calendar year? \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, please attach a copy of such return.

I certify that all statements made on this application are true and correct to the best of my belief and I 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	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____