



First-Time  
**Please return the completed AGED Application in Person ASAP**  
**You must apply no later than Wednesday, February 1, 2017**

Dear Property Owner:

This is the first-time application for the Real Property Tax Senior Citizen's Exemption.

You will be a first-time exemption applicant if you choose to apply. **It is necessary for you to come in person (bring your supporting documents)** to the City of Rochester, Bureau of Assessment, City Hall-Room 101A, 30 Church Street, any Monday through Friday (except Holidays) between 9:00 AM and 5:00 PM **by Wednesday, February 1, 2017**.

Last year's (**2015**) income information is requested on the application. You already have the necessary income tax returns, social security forms, bank interest statements, etc., you will need to file. We request that you bring in your tax returns (including schedules), 1099 statements and your original application form as soon as you can to avoid the busy periods later. The Assessment staff will complete the income portion of the application with you. Please bring proof of your age with you when you apply for the exemption. Once all filing information has been received, **a property inspection will be scheduled to verify residency and inventory.**

Approved Senior Citizen Exemptions in the City of Rochester reduce real property taxes for City, City School District, and County of Monroe tax bills. Depending on your **2015** income (which cannot exceed **\$37,400**) tax abatements range from 50% down to 5% of your assessment.

**If you believe you may be over the income limit, please file anyway** and we will review your information. If you fail to qualify for the Senior Citizens Exemption you may qualify for the **Enhanced STAR** exemption (income cannot exceed **\$86,000**).

*Information regarding the Enhanced Star Exemption for Seniors:*

- *If you qualify for the Senior Citizen exemption **and** you currently have a Basic Star exemption, we will automatically upgrade your Basic Star to the Enhanced Star for greater tax savings.*
- *If you qualify for the Senior Citizen exemption and you do **not** have a current Basic Star exemption, you should register with New York State to receive the Enhanced Star Credit. Visit [www.tax.ny.gov](http://www.tax.ny.gov) or call (518) 457-2036.*
- *If your income exceeds the \$37,400 limit, up to \$86,000, you still qualify for the Enhanced Star Exemption. Call the Exemption Hot Line (585) 428-6994 during business hours for more information.*

We look forward to helping you. If you need assistance completing the forms or have any questions, please call the **Exemption Hot-Line at (585) 428-6994** during business hours.

Warmest regards,

Robert Kubera  
Interim Assessor





City of Rochester, New York

# APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF AGED PERSONS

**LAST LEGAL DATE TO APPLY IS WEDNESDAY, FEBRUARY 1, 2017**

**ALL FIRST TIME APPLICANTS MUST APPEAR IN PERSON**

SBL# \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Remember to sign top  
of other side →

**2017-2018**

1.	Name of owner or owners of property (applicants)	Property Address
Owner:		
Spouse:		
Other:		
2.	Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced If widowed, <b>submit</b> a copy of the death certificate with application. If legally separated, <b>submit</b> a copy of the court documents with application.	
3.	Documents submitted with application as proof of age of owners: Owner: <input type="checkbox"/> Birth/Baptismal Certificate <input type="checkbox"/> Drivers Lic. <input type="checkbox"/> Other _____ Spouse: <input type="checkbox"/> Birth/Baptismal Certificate <input type="checkbox"/> Drivers Lic. <input type="checkbox"/> Other _____ Other: <input type="checkbox"/> Birth/Baptismal Certificate <input type="checkbox"/> Drivers Lic. <input type="checkbox"/> Other _____	
4a.	Do all the owners of the property reside on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4b.	If answer to 4a is <b>NO</b> , does the owner reside in a health care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4c.	If answer to 4b is <b>YES</b> , provide a statement from the facility indicating the amount paid in 2015.	
5.	Are any school age children (including tenant children) residing on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , Student Name _____ Grade Level _____ School Attended _____	
6.	Did applicant(s) file for <b>2015</b> : Federal Income Tax Return? <input type="checkbox"/> Yes <input type="checkbox"/> No New York State Return? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> for either, attach a <b>copy</b> of the return(s) and schedules and a <b>copy</b> of the 2015 Social Security 1099. If <b>NO</b> , submit all <b>2015</b> income statements (1099's).	
7.	Is there another person the City should contact if we have any questions regarding your application? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Telephone # _____ EMAIL: _____	

**NOTE: You can only have one Aged exemption in New York State and none from other states.**

**IMPORTANT NOTICE: ALL OWNERS AND SPOUSES MUST SIGN THIS APPLICATION**

I certify that all statements submitted with 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 \$100.00.

SIGNATURE(S)

DATE

TELEPHONE #

SOCIAL SECURITY NUMBER

X \_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

X \_\_\_\_\_  
SPOUSE'S OR OTHERS' SIGNATURE

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

EMAIL: \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL: 585-428-6994**

**DO NOT WRITE IN SPACES BELOW, FOR OFFICE USE ONLY**

DATE OF OWNERSHIP: \_\_\_\_\_

USE CODE: \_\_\_\_\_

	SOCIAL SECURITY (FORM SSA-1099)				\$
	SOCIAL SECURITY (SPOUSE)				
PENSIONS & ANNUITIES					
INTEREST ON SAVINGS, BONDS, NOTES MORTGAGES					
WAGES					
STOCK DIVIDENDS					
RENTAL INCOME					
OTHER (LIST)					
TOTAL AMOUNT PAID TO RESIDENTIAL HEALTH CARE FACILITY: \$ _____		TOTAL INCOME		\$	