City of Rochester

Department of Finance
City Hall Room 101A, 30 Church Street
Rochester, New York 14614-1299
www.cityofrochester.gov

Bureau of
Assessment

Renewal

Please return the AGED Application ASAP

You must apply for renewal no later than Thursday, February 1, 2018

Dear Renewal Applicant:

Enclosed is the Real Property Tax Senior Citizen's Exemption renewal application. For your convenience we encourage you to **mail** in your application to avoid any long lines.

PLEASE READ ALL DIRECTIONS AND QUESTIONS CAREFULLY. Include copies of your **2016** Social Security SSA-1099 statement and your **2016** Federal and New York State tax returns (including schedules) if you are required to file. If you do not file tax returns, you must submit all **2016** year end 1099 statements to verify **2016** income.

The Assessment staff will complete the income portion of the renewal application. Your **2016** income cannot exceed **$37,400.** We encourage you to submit your application even if you believe you are over the income limit. You may be eligible for an Enhanced STAR tax exemption that has an income ceiling of **$86,000**.

You have already received the 2016 papers you need to file your renewal. Your completed **application must be received by the Bureau of Assessment no later than Thursday, February 1, 2018.** Prompt renewal will help assure that you continue to receive the benefits of this exemption.

Information regarding the Enhanced Star Exemption for Seniors:

- *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.*

As always, we are available to help you. Please call the **Exemption Hot-Line at (585) 428-6994** Monday through Friday between 9:00 a.m. and 5:00 p.m. if you need assistance.

Sincerely,

Michael S. Zazzara
City Assessor

City of Rochester, New York

PROPERTY TAX AGED EXEMPTION
2018-2019 RENEWAL APPLICATION

PLEASE MAIL APPLICATION BY: _____

LAST LEGAL DATE TO APPLY IS WEDNESDAY, FEBRUARY 1, 2018

SBL#_____

Name:_____

Address:_____

_____

2018-2019

Did applicant(s) file for **2016**: Federal Income Tax Return? ☐ Yes ☐ No

New York State Return? ☐ Yes ☐ No

If **YES** for either, attach a COPY of the complete return(s) and schedules and a COPY of the **2016** Social Security 1099's.

If **NO**, submit all **2016** income statements (1099's) **SEE OTHER SIDE** →

DO NOT WRITE IN SPACES BELOW, FOR OFFICE USE ONLY

	SOCIAL SECURITY (FORM SSA-1099)		**X**			**$**
	SOCIAL SECURITY (SPOUSE)			**X**		
PENSIONS AND ANNUITIES						
INTEREST ON SAVINGS, BONDS, NOTES MORTGAGES						
WAGES						
STOCK DIVIDENDS						
RENTAL INCOME						
OTHER (LIST)						
Total amount paid to residential health care facility. $_____				TOTAL INCOME		$

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

PLEASE ANSWER THE FOLLOWING: (Attach additional sheets if explanation is necessary)

YES ☐ NO ☐ Is there another person the City should contact if we have any questions regarding this application?

Name: _____ Telephone: _____

Email: _____

YES ☐ NO ☐ Are any school-age children (including tenant children) residing on the property? If **YES**, which schools do they attend?

Student name	Grade Level	School attended
_____		_____
_____		_____

YES ☐ NO ☐ Since filing last year's application, has there been any change in the **OWNERSHIP** of the property? *If not previously submitted, please attach a copy of the death certificate for any owner who has died within the past 12 months*.

YES ☐ NO ☐ Since filing last year's application, has there been any change in the **OCCUPANCY** of the property? If the property is no longer your legal residence or an owner is
Living in a health care facility, please provide a statement from the facility
Indicating amount paid in 2016.

YES ☐ NO ☐ Since filing last year's application, has there been any change in the **USE** of the property? If the property is no longer used exclusively as a one, two, or Three family residence, please explain.

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

Please mail to: City of Rochester
Bureau of Assessment
30 Church Street, Room 101A
Rochester, NY 14614