City of Rochester

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

Bureau of
Assessment

First-Time
Property Tax Exemption Application For
Persons with Disabilities & Limited Income

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

Dear Property Owner:

Enclosed is the first-time application **For Persons with Disabilities and Limited Income Exemption**.

Either 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, **or apply by mail. The application submission deadline is Thursday, February 1, 2018.**

Last year's (**2016**) 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 or mail in: a **copy of page 1** of your **2016 Federal or State** tax returns (including copies of any attached schedules). **If you do not file tax returns**, please submit copies of all your **2016** income statements to verify the income received. The Assessment staff will complete the income calculation portion of the application.

Approved Disability Exemptions in the City of Rochester **reduce real property taxes for the County of Monroe tax bill only**. Depending on your **2016** income (which cannot exceed **$37,400**) tax abatements range from 50% down to 5% of your assessment.

If you or your spouse will be age 65 by December 31, 2018 – you may be eligible for a Seniors Exemption. Disabled Veterans may also be eligible for Veterans Exemptions as well. Please provide your birth date and information on your military service (DD214), if any.

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.

Sincerely,

Michael S. Zazzara
City Assessor

APPLICATION FOR PARTIAL TAX EXEMPTION
FOR REAL PROPERTY OF PERSONS WITH
DISABILITIES AND LIMITED INCOMES

APPLICATION MUST BE FILED WITH THE ASSESSOR BY FEBRUARY 1, 2018.

Bureau of Assessment, City of Rochester, 30 Church Street, City Hall, Room 101A, Rochester, NY 14614-1299.
Office Hours: weekdays 9am to 5pm except Holidays. Please call during office hours: (585) **428-6994**

General information and instructions for completing this form are contained in RP-459-c-Ins

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

_____
_____
Day No. ( ) _____
Evening No. ( ) _____

2. Mailing address of owner (s)

_____
_____
_____
_____

3. Location of property (see instructions)

_____ _____
Street address Village (if any)

_____ _____
City/Town School district

Property identification (see tax bill or assessment roll)
Tax map number or section/block/lot: _____

4. Indicate documents submitted with application as proof of disability (See instruction #5)

_____ Award letter from Social Security Administration of entitlement to social security disability insurance (SSDI) or supplemental security income (SSI)
_____ Award letter from Railroad Retirement Board of entitlement to railroad retirement disability benefits
_____ Certificate from State Commission for the Blind and Visually handicapped stating that applicant is legally blind.
_____ Award Letter for a Veterans Affairs (VA) Disability Pension.

5. Do all the owners of the property presently reside on the premises? ____Yes ____No
If 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 the facility. _____

6. Is any portion of the property used for other than residential purposes (farming, commercial, vacant land, professional office, etc.)? ____Yes ____No

If answer is YES, explain such use and describe the portion that is used. _____

7. INCOME for 2016: list below for each owner and resident spouse of each owner. (Attach additional sheets if necessary)

PLEASE PROVIDE PROOF OF ALL INCOME. THIS CONSISTS OF COPIES OF 1099's AND FEDERAL 1040 INCOME TAX FORM (IF FILED)

Name of Owner (s)	**Source of income**	**Amount of income**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Subtotal income of owner (s) and spouse (s) $_____

I certify that all statements made on this application are true and correct.

Signature (If more than one owner, all must sign.)	**Marital Status**	**Phone No.**	**Date**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPACE BELOW FOR USE OF ASSESSOR

Date application filed _____ Exemption applies to taxes levied by or for:

____ Proof of disability submitted	Town/City
____ Proof of ownership submitted	County
____ Application approved	School
____ Application disapproved	Village

_____ _____

Assessor's Signature Date