



PEGGY F. FRASER  
ASSESSOR

CITY OF LONG BEACH  
DEPARTMENT OF ASSESSMENT  
1 WEST CHESTER STREET  
LONG BEACH, NEW YORK 11561  
(516) 431-1009  
FAX: (516) 431-1343

**DEPARTMENT OF ASSESSMENT  
SENIOR CITIZENS EXEMPTION APPLICATION - NEW**

**Dear Senior Citizen Homeowner:**

**In order to process your application properly, you must do the following:**

**ANSWER ALL QUESTIONS. ALL OWNERS MUST SIGN THE APPLICATION.**

**VERIFICATION OF ALL INCOME IS REQUIRED:**

- **Submit a copy of the federal and state income tax return you have filed for the last three (3) calendar years. If you did not file a tax return, you must file Form #4506-T to receive verification of non-filing from the IRS (available in the Assessors Office).**
- **Please provide us with computer printouts of all medical, prescription and laboratory co-pays.**
- **If you receive a distribution from an IRA account, you must provide this office with a statement showing the total interest earned on the IRA Account in the prior calendar year.**
- **You must provide us with copies of statements of all interest and/or dividends earned, social security statements, as well as any other income you may have received.**
- **If a trust was created, you must be the beneficiary during your lifetime. You must attach a copy of the TRUST.**
- **If you have a two-family or three-family home, you must provide this office with a copy of the lease for each rental as well as verification of expenses for each apartment.**

**PROOF OF RESIDENCY IS REQUIRED. (i.e. copy of driver's license, car registration, NYS tax returns)**

**A CURRENT COPY OF YOUR DEED (OR SHARE CERTIFICATE) AND PROOF OF AGE (i.e. copy of your birth certificate, passport) MUST BE ATTACHED TO YOUR APPLICATION.**

**Failure to complete all the questions on the application and submit all required documents and income verification will be cause for an automatic denial of your application.**

**Please Note: An interior inspection of your property may be required.**

**All applications must be submitted not later than November 30<sup>th</sup>.**

**If you have any questions about the application process, please call 431-1009.**



CITY OF LONG BEACH

APPLICATION FOR PARTIAL TAX EXEMPTION
FOR REAL PROPERTY OF SENIOR CITIZENS

To be filed with your local assessor between September 1st and November 30th
Do not file this form with the State Board of Real Property Services

1. Name and telephone no. of owner(s) 2. Mailing address of owner(s)
Day No. ( )
Evening No. ( )
E-mail address (optional)

3. Location of property:
Street address
Property identification (see tax bill or assessment roll)
Tax map number or section/block/lot

4. Indicate documents submitted with application as proof of age of owners:
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)
Please Note: If a trust was created, you must attach a copy of said trust.

7. Do all the owners of the property presently reside on the premises? Yes No
If the answer to 7 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.

If answer to 7 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, explain.

8. 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 so used.

9a. Did owner or spouse file a federal or New York State Income Tax return for the preceding year?

Yes  No If answer is YES, attach copy of such return or returns.

Please Note: If you did not file a tax return for the last calendar year, you must submit a letter from the IRS or Form #4506-T.

9b. Are you being claimed as a "dependent" on another persons tax return?  Yes  No

If YES, what is their relationship to you? \_\_\_\_\_

10. Income of each owner and resident spouse of each owner for the calendar year immediately preceding date of application MUST be set forth. (Attach additional sheets if necessary)

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 of Income of Owner(s) and Spouse(s)** \$ \_\_\_\_\_

11. Of the income in specified in #10, how much, if any, was used to pay for An owner's care in a residential health care facility? (Attach proof of amount paid; enter zero if not applicable.) \$ \_\_\_\_\_

**Subtotal income of owner(s) and spouse(s) [#10 minus #11]** \$ \_\_\_\_\_

12. For unreimbursed medical and prescription drug expenses, complete the following:

(a) Medical and prescription drug costs; \$ \_\_\_\_\_

(b) Subtract amount of (a) paid or reimbursed by insurance \$ \_\_\_\_\_

(c) Unreimbursed amount of (a) (attach proof of expenses and reimbursement, if any; enter zero if option not available); \$ \_\_\_\_\_

**Total income of owner(s) and spouse(s) [#11 minus #12 (c)]** \$ \_\_\_\_\_

13. Occupation at time of retirement: \_\_\_\_\_

Occupation of spouse at time of retirement: \_\_\_\_\_

Number of years retired: \_\_\_\_\_

14. Please list all property in which you hold an interest: (include County & State): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. **Certification**

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

<b>Signature</b> (If more than one owner, all must sign)	<b>Marital Status</b>	<b>Phone No.</b>	<b>Date</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Space Below for use of Assessor**

Date Renewal Application Filed _____	
<input type="checkbox"/> Application Approved	<input type="checkbox"/> Application Disapproved
<input type="checkbox"/> Proof of age Submitted	<input type="checkbox"/> Proof of ownership submitted
Assessor's Signature _____	Date _____