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ASSESSOR

CITY OF LONG BEACH
DEPARTMENT OF ASSESSMENT
1 WEST CHESTER STREET
LONG BEACH, NEW YORK 11561
(516) 431-1009
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**DEPARTMENT OF ASSESSMENT
SENIOR CITIZENS RENEWAL APPLICATION**

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.

VERTIFICATION OF ALL INCOME IS REQUIRED:

- **Submit a copy of the federal and state income tax return you have filed for the last calendar year. If you did not file a tax return, you must file Form #4506-T (available in the Assessors Office), to receive verification of non-filing from the Internal Revenue Service.**
- **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.**
- **If a trust was created, you must be the beneficiary during your lifetime. You must attach a copy of the TRUST**
- **You must provide us with copies of statements of all interest and/or dividends earned, copies W-2 forms & Social Security Statements as well as any other income you may have received.**
- **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.

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.

An interior inspection of your property may be required.

All applications must be submitted no later than November 30th.

If you have any questions about the application or the renewal process, please call the Department of Assessment at 431-1009.



CITY OF LONG BEACH

RENEWAL 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.

Empty rectangular box for name and address of applicant

Telephone No. Day () _____

Evening () _____

Name and address of applicant

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

- 2. Since filing your application last year, fully describe in the lines below any changes in: a. title to the property... b. legal residence... c. use of residence...

Check here if there has been no change in items, a, b, and c above.

Explanation of changes that have occurred as indicated in Question #2 (attach additional sheets if necessary).

Three horizontal lines for providing explanation of changes

3a. Did the owner or resident spouse file a federal or New York State income tax return for the preceding year? Yes No

IF YES, attach a copy of the return(s)

IF NO, 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.

3b. Are you being claimed as a "dependent" on another persons tax return? Yes No

If YES, what is their relationship to you? _____

4.a. The income of each owner and spouse of each owner for the calendar year immediately preceding the date of application must be set forth on following page, except for an owner who is absent from the residence due to divorce, legal separation or abandonment. Attach additional sheets if necessary. Income does **NOT** include gifts, inheritances, a return of capital, reparation payments to victims of Nazi persecution, or monies earned through employment in the Federal Foster Grandparent Program.

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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4.b. **Subtotal of Income of Owner(s) and Spouse(s)** \$ _____

4.c. Of the income in 4.b., how much, if any, was used to pay for an owner's care in a residential health care facility? Please attach proof of amount paid; enter zero if not applicable \$ _____

4.d. **[(4.b.) minus(4.c.)]** \$ _____

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

- (i) Medical and prescription drug costs; \$ _____
- (ii) Subtract amount of (i) paid or reimbursed by insurance \$ _____
- (iii) Unreimbursed amount of (i) (attach proof of expenses and reimbursement, if any; enter zero if option not available); \$ _____

Total income of owner(s) and spouse(s) [4.d. minus 4.e. (iii)] \$ _____

5. Occupation at time of retirement: _____

Occupation of spouse at time of retirement: _____

Number of years retired: _____

6. Please list all property in which you hold an interest: (include County & State): _____

7. **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.

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

Space Below for use of Assessor

Date Renewal Application Filed _____
<input type="checkbox"/> Application Approved <input type="checkbox"/> Application Disapproved
Assessor's Signature _____ Date _____