



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.

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

Space Below for use of Assessor

Date Renewal Application Filed _____

Application Approved

Application Disapproved

Proof of age Submitted

Proof of ownership submitted

Assessor's Signature _____ Date _____