



SENIOR CITIZEN HOMEOWNERS (SCHE) PROPERTY TAX EXEMPTION APPLICATION

(A partial real estate tax exemption for qualified senior citizens with a limited income.)

OFFICE USE ONLY	B: _____	B: _____	L: _____
	APARTMENT #:	_____	
	BC: _____	TC: _____	
	OWNER'S NAME: _____		

ELIGIBILITY REQUIREMENTS

THE FOLLOWING IS INTENDED TO SERVE ONLY AS A GUIDE IN DETERMINING YOUR ELIGIBILITY FOR AN EXEMPTION. ALL SUBMITTED APPLICATIONS ARE SUBJECT TO REVIEW IN ACCORDANCE WITH SECTION 467 OF THE NYS REAL PROPERTY TAX LAW.

- ◆ You must use all or part of the property as your primary residence unless you are absent from the property due to medical reasons or are institutionalized.
- ◆ Combined total income for all owners from all sources must be less than \$32,400*, **including Social Security Income and exclusive of losses** and allowing for a deduction of documented medical and/or prescription expenses not reimbursed or not paid for by insurance.
- ◆ If you are the sole owner, you must be 65 or older on or before December 31 of the year in which benefits will begin.
- ◆ If you and your spouse are co-owners, only one of you must be 65 or older during the calendar year.
- ◆ If the co-owners are brother and sister, only one of you must be 65 during the calendar year.
- ◆ If the co-owners are tenants-in-common or are joint tenants all must be 65 during the calendar year.
- ◆ The applicant(s) must live in the house, apartment or unit.
- ◆ Owner must have held title to the property for at least 12 consecutive months prior to March 15 of the year when the exemption goes into effect. There are some limited exceptions to the 12-month rule. To hear a recorded list of these exceptions, please call Citytax Dial at (718) 935-6736, message 440.
- ◆ If the property has other partial exemptions, such as STAR or those granted to veterans or the clergy, the property can still be eligible for this exemption. If the property has a 421a, 421b or 421g exemption, you are not eligible for this exemption unless you sign an official waiver of the 421a, 421b or 421g exemption.

SPECIAL NOTE FOR COOPERATIVE SHAREHOLDERS:

The Department of Finance will notify the cooperative's management board when an exemption is granted. Notices of exemption benefits are mailed annually to management boards during the late fall.

NOTE: Cooperative shareholders living in one of the following types of housing are only eligible for this exemption when their family income is \$25,000 or more: Mitchell-Lamas, Redevelopment housing, Housing Development Fund Companies (HDFC's), and in housing under NYC's Department of Housing Preservation and Development's (HPD) Division of Alternative Management Program (DAMP). Shareholders in the aforementioned housing types whose family income is below \$25,000, are only eligible for benefits under the Senior Citizen Rent Increase Program (SCRIE). For more information, call HPD at (212) 863-8494. Shareholders living in housing which in the past was, or is currently, subject to a mortgage insured by the federal government under Section 213 of the National Housing Act, may receive SCHE provided all other qualifications are met. Please be aware that a shareholder can not receive more than one of the following benefits: SCHE, SCRIE, or Disabled Homeowners Exemption.

NOTE: Eligibility for the SCHE benefit automatically confers eligibility for the enhanced STAR benefit. Enhanced STAR renewal forms will not be mailed to holders of the SCHE benefit.

* Income threshold subject to change.

CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

Avoid a delay in the processing of your application. Check (✓) to make sure that you do the following before submitting your application to the Property Division:

- Read the requirements to make sure you are eligible
- File this application between July 15 and March 15 only

- Complete the application in its entirety
- Have all property owners and spouses of owners applying for the exemption sign the application
- Have a non-relative witness the signatures
- List a telephone number where you can be reached and the name and daytime telephone number of a relative or friend
- Cooperative apartment owners, have an officer of the co-op board complete the certification, Section 4, on page 6

Attach the following:

- Copy of most recent deed, (recorded or unrecorded) or if co-op owner, you **must** submit copy of the page(s) of your proprietary lease, which shows the names of the grantor and grantee and the number of shares in your unit. If a proprietary lease is unavailable, you must submit a copy of your stock certificate, (front and back), showing the names of all owners.
- Proof of age of owner(s), such as:
 - ◆ copy of birth certificate (if applicant's name is different from that on birth certificate, also attach proof of name change);

- ◆ copy of driver's license;
- ◆ copy of passport.
- Copy of death certificate, when one of the individuals listed on the deed/proprietary lease is deceased.
- Copy of marriage certificate.
- Proof of income for the last calendar year prior to applying, such as:
 - ◆ copy of complete federal income tax return for the preceding calendar year, including all schedules;
 - ◆ copy of Social Security statement;
 - ◆ copy of pension fund statement;
 - ◆ copy of IRA distribution.
- Copies of bills, receipts and insurance company statements fully documenting your claimed deductions for unreimbursed medical and/or unreimbursed prescription expenses not reimbursed, or not paid for by insurance, including charges not covered due to a deductible provision of your insurance coverage, for the last calendar year prior to applying.

S P E C I F I C I N S T R U C T I O N S

SECTION 1 - OWNERSHIP/PERSONAL INFORMATION

Question 1 - OWNER(S) OF PROPERTY

List all owners appearing on the deed/proprietary lease and living spouses, Social Security Numbers and dates of birth. (Attach a separate sheet, if necessary.)

Question 4 - PERSONAL STATUS

Check the box that applies to the applicant's legal status. If any applicant is married, widowed, legally separated or divorced, attach proof of legal status, such as a copy of a marriage certificate, death certificate, separation decree or divorce settlement.

Question 5 - DEED/PROPRIETARY LEASE STATUS

Check the box that describes the deed/proprietary lease status.

Joint tenants refers to joint ownership with the right to automatic succession to the title upon death of one owner.

Tenants in Common refers to ownership by 2 or more persons each of whom has an undivided fractional interest in the whole of the property without the right to survivorship.

Life Estate refers to a title held during the term of the owner's life and which terminates upon death.

Trust refers to a relationship in which an independent party (trustee) holds legal title to property for the beneficiaries of the trust who hold the equitable title during the life of the trust.

SECTION 2 - INCOME STATEMENT FOR THE LAST CALENDAR YEAR

If you attach a copy of your federal return, you do not have to complete this section unless either of the following is true: 1) you did not itemize medical and prescription expenses which you wish to claim for this exemption; 2) you are a recipient of a Veterans Administration disabil-

ity pension which is excluded from the definition of income for this exemption.

Income is the combined income of all owners. If either the husband or the wife has title, include the combined income of both spouses. Income includes, but is not limited to, Social Security and retirement benefits, interest, dividends, IRA distributions, net rental income, salary or earnings and net income from self-employment. Income also includes all monies received from any foreign holdings, including but not limited to securities, interest from bank accounts, sale of real estate and income from businesses. **Do not include Veteran's Administration disability pension benefits or gifts and inheritances or money earned through employment in the federal Foster Grandparent Program.**

SECTION 3 - INCOME-PRODUCING PROPERTY

If part of your residence is rented or if you own other income-producing property, complete this section or attach a copy of Schedule E, Supplemental Income & Loss from your federal tax return.

On page 6, question 3, enter the whole dollar amount of the gross income from the property and the various expenses for the entire building. If you have more than one rental property, attach a separate Income and Expense Statement. On the line for major repairs, include items such as roofing, windows, plumbing and electric wiring.

RENEWAL

If your exemption is approved, annual applications are not necessary as long as the renewal notice (to be sent to you by mail) is completed and returned by the closing date. Renewal notices are sent every other year. Please be advised that failure to file a renewal form in a timely or accurate manner will result in the revocation of the exemption.

WHEN AND WHERE TO FILE

You must file this application with all required documents between July 15 and March 15. If filing by mail, the application must be postmarked by March 15. If approved, benefits will begin on the next July 1st tax roll following the filing of this application. Mail your application to:

NYC Department of Finance
Senior Citizen Homeowners Exemption Unit
P.O. Box 3120
Church Street Station
New York, NY 10008-3120

CUSTOMER ASSISTANCE

For general information on property tax exemptions, visit the Department of Finance's website at www.nyc.gov/finance or call NYC's Citizen's Service Center at 311.

PROOF OF FILING

The Department of Finance is pleased to offer the following customer service initiative to provide an applicant with proof of filing. Upon receipt of an application, the department will time-stamp a copy of the application.

Please note that the department can only provide this service when a copy is provided by the applicant. Where an application has been mailed, a self-addressed stamped envelope must also be provided in addition to the copy.

All applicants are strongly encouraged to retain for their personal records a copy of all applications, documents and renewal forms that are submitted to department offices.

O F F I C E U S E O N L Y

Approved..... Denied..... Reason: _____ Reviewer: _____ Date: _____

SECTION 1 - OWNERSHIP / PERSONAL INFORMATION

1. Borough: _____ Block: _____ Lot: _____
Address of Property: _____ Zip Code: _____

2. Type of residence (check one):
 1-, 2-, 3-FAMILY HOME CONDOMINIUM UNIT
 COOPERATIVE APARTMENT - unit number: _____ OTHER. (Please specify): _____

3.	Applicant/Owner Name	Social Security Number	Date of Birth	Daytime Phone Number	Name and Daytime Phone Number of Relative or Friend
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____

4. Personal status (check one) (Attach proof of status) (see instructions):
 SINGLE (includes divorced, unremarried widow or widower) LEGALLY SEPARATED
 MARRIED

5. Deed/proprietary lease status (check one) (see instructions for definitions):
 INDIVIDUAL HUSBAND/WIFE JOINT TENANTS TRUST (Must submit copy of Trust Agreement)
 TENANTS IN COMMON LIFE ESTATE SIBLINGS

6. Is the address the legal and primary residence of **all** of the owners?..... YES NO

7. Is any owner now in a nursing home or institution?..... YES NO

If "YES", state owner's name: _____ Date entered: _____

8. Is any person whose name appears on the deed/proprietary lease deceased? YES NO

If "YES", list name of deceased and attach a photocopy of the death certificate or other proof of death.

9a. Does the present deed/proprietary lease to the property indicate ownership of less than 12 months? YES NO

9b. If "YES", indicate address of previous property: _____
Date of purchase: _____ Date of sale: _____

10a. Is any other property owned by the applicants? (If "YES", you must complete Section 3.).... YES NO

10b. Is your residence partially rented? (If "YES", you must complete Section 3.) YES NO

11. Is the entire property, listed in item 1 above, used exclusively for residential purposes? YES NO
If "NO", explain use - Indicate percentage nonresidential: _____

SECTION 2 - INCOME STATEMENT

1. Did any owner have to file a federal income tax return for the last calendar year? YES NO
If "YES", YOU MUST ATTACH A COMPLETE COPY OF THE TAX RETURN INCLUDING ALL SUPPLEMENTARY SCHEDULES.
2. Complete the income statement if any of the following is true: 1) at least one owner of the property did not file a federal income tax return for the last calendar year; or 2) you did not itemize medical and prescription expenses on the federal income tax return which you wish to claim as a deduction against income for this exemption; or 3) you are recipient of a Veterans Administration disability pension which is excluded from the definition of income for this exemption. State **total** income of each applicant. If more space is required, attach an additional statement.
ALL INCOME IS SUBJECT TO VERIFICATION.

3. Income Source for Calendar Year 200__	Household Income Amount		
	A - Applicant	B - Spouse	C - Other Applicant
a. Social Security (must attach FSA 1099 statement)			
b. Salary or wages, including part-time employment			
c. Interest			
d. IRA Distribution (DO NOT INCLUDE ROLLOVERS).....			
e. Nontaxable interest on state or local bonds			
f. Dividends.....			
g. Net income of property (from page 6, Section 3)			
h. Capital gains			
i. Gains from sales or exchanges			
j. Net earnings from business or profession			
k. Net income from estates or trusts			
l. Government or private retirement or pension plan payments ..			
m. Alimony or support money			
n. Disability payments (DO NOT INCLUDE VETERANS ADMINISTRATION DISABILITY PENSION)			
o. Workers compensation			
p. Foreign holdings (REFER TO DEFINITION PROVIDED FOR ON PAGE 3 IN SECTION 2 AND SPECIFY:.....)			
q. Other (specify: _____) ..			
r. TOTAL (add lines a through q)			

4. If any of the applicants have unreimbursed medical and/or unreimbursed prescription drug expenses for the above calendar year, including charges not covered due to a deductible provision of your insurance coverage, enter the total of such expenses for each applicant in the appropriate column below. **ATTACH COPIES OF BILLS, RECEIPTS AND STATEMENTS FROM THE APPLICANT'S INSURANCE CARRIER(S) WHICH DOCUMENT THE TOTAL UNREIMBURSED MEDICAL AND/OR PRESCRIPTION DRUG EXPENSES CLAIMED.**

Unreimbursed medical/prescription expenses	A - Applicant	B - Spouse	C - Other Applicant
a. Medical Expenses:			
b. Prescription Expenses:			
c. Medical Insurance Premiums.....			
d. Total Expenses:			

5. Adjusted Income Total

a. Subtract Line 4d for each applicant from 3r above . This is your total adjusted income. If no deductions are claimed, carry down total from Line 3r			
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TOTAL HOUSEHOLD INCOME (ADD LINE 5A OF COLUMNS A, B AND C)

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SECTION 3 - INCOME-PRODUCING PROPERTY

Complete this section if you rent any part of your residence or own income-producing property.

ALL PERSONS FILING A FEDERAL TAX RETURN MUST ATTACH A COPY OF SCHEDULE E, SUPPLEMENTAL INCOME AND LOSS.

1. Is the income-producing property the same as the owner's residence? YES NO
2. If the answer to 1 is "NO", list the address of the income-producing property: _____

3. Complete the following **Income and Expense Statement**. Attach a **separate** Income and Expense Statement for each rental property. If you attach a copy of your federal Schedule E, IRS form detailing Supplemental Income and Loss, you do not have to complete the schedule below.

<p>a. GROSS INCOME a. </p> <p>b. EXPENSES FOR ENTIRE BUILDING</p> <p>Real estate taxes _____</p> <p>Mortgage interest..... _____</p> <p>Water and sewer charges _____</p> <p>Heating fuel (if provided to tenants)..... _____</p> <p>Electric (if provided to tenants) _____</p> <p>Insurance _____</p> <p>Major repairs _____</p> <p>Painting / cleaning / maintenance _____</p> <p>Other specify:_____ _____</p> <p>TOTAL EXPENSES b. </p>	<p>▼ OFFICE USE ONLY ▼</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="border: 1px solid black; padding: 2px;">NET INCOME OF PROPERTY</p>
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SECTION 4 - CERTIFICATION BY COOP BOARD OF MANAGERS

For Cooperative properties only - The following information must be completed by an officer of the cooperative corporation:

Applicant's unit number: _____ Floor number of this unit: _____

Monthly maintenance charge for this unit: \$ _____

Number of shares in this unit owned by applicant: _____ Date applicant purchased these shares: _____ / _____ / _____

Borough: _____ Block: _____ Lot: _____ of the building in which this unit is located.

Total number of shares for this development: _____

I certify that the above information is true and correct.

_____ () _____
 Signature of Officer print name Title Telephone number

CERTIFICATION and SIGNATURE

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 future exemption for a period of five years and a fine of not more than \$100.

 Signatures of all applicants ▲ Non-relative witness ▲ Date ▲



FINANCE
NEW • YORK

NEW YORK CITY DEPARTMENT OF FINANCE

**THIRD PARTY NOTIFICATION FOR
REAL PROPERTY TAXES APPLICATION**

**FORM
EA-923**

Dear Taxpayer:

If you are a senior citizen, aged 65 years or older, or if you suffer from a physical or developmental disability, you may designate an adult third party to receive copies of your real estate tax bills and notices of unpaid taxes.

The New York City Department of Finance is pleased to offer the benefits of the third party notification program to eligible taxpayers free of charge by authority of state law. Although you can apply any time during the year, you must allow at least 60 days for the application to be processed. In order to request that duplicate tax bills and statements of unpaid taxes be mailed to third party designees in time for the July 1st real estate tax billing period, eligible property owners must file a completed application by preceeding April 1st.

For more details, please refer to the eligibility requirements and follow the application instructions provided below.

Under state law, senior citizens and disabled homeowners may designate an adult third party to receive copies of real estate tax bills and notices of unpaid taxes. The law's intent is to help these taxpayers avoid losing their homes for nonpayment of taxes.

WHO IS ELIGIBLE?

Owner-occupants of 1-, 2-, or 3-family residential real property who are either:

- (a) at least 65 years of age, or
- (b) disabled by a physical or mental impairment which substantially limits one or more of their major life activities.

WHEN MUST I APPLY?

You can apply any time during the year, but allow 60 days for the application to be processed. However, if you would like a third party to receive a copy of the July 1st Real Estate Tax bill which is often mailed out in June, please make certain to file your application by April 1.

WHOM MAY I CHOOSE AS MY THIRD PARTY?

Any adult who consents to your designation, such as a friend or a relative.

**HOW DOES A THIRD PARTY
DESIGNEE SHOW CONSENT?**

By signing your application form in the appropriate blank.

MUST I APPLY EACH YEAR?

No. Once you apply, the duplicate notices will be sent to your designee unless you advise the Central Registration Unit (59 Maiden Lane, 15th Floor, South, New York, NY 10038) that the practice should stop.

HOW DO I APPLY?

Complete Form EA-923 (Request for Mailing of Duplicate Tax Bills or Statements of Unpaid Taxes to a Third Party) and mail it to the following address.

New York City Department of Finance
Central Registration Unit
59 Maiden Lane, 15th Floor, South
New York, NY 10038

**ARE THERE FINANCIAL RISKS INVOLVED IN
AGREEING TO BE A THIRD PARTY DESIGNEE?**

No. Both the law and the form of the duplicate tax bill and notice include a statement advising the third party that he or she is under no legal obligation with respect to the bill or notice.

REQUEST FOR MAILING OF DUPLICATE TAX BILLS OR STATEMENTS OF UNPAID TAXES TO A THIRD PARTY

I request that a duplicate of any tax bill or statement of unpaid taxes with respect to my property as described below be mailed to the person whom I have designated.

In making this request, I understand that neither the tax collecting officer nor any other local government employee has any liability if for any reason the duplicate is not mailed to or not received by my designee.

SECTION 1 - TAXPAYER INFORMATION

Taxpayer Name _____

Mailing Address _____

City & State _____ Zip Code _____

Property Identification (as shown on assessment roll) _____

Tax Billing Address (if different than mailing address) _____

Signature _____

Date _____

The Applicant is (check one):

At least 65 years of age OR Disabled

SECTION 2 - THIRD PARTY DESIGNEE

Third Party Name _____

Mailing Address _____

City & State _____ Zip Code _____

Telephone _____

Signature _____

Date _____

SECTION 3 - PHYSICIAN'S CERTIFICATION OF PHYSICAL OR MENTAL DISABILITY

Taxpayer Name: _____

Office Address: _____

NYS License Number _____ Date of Issue _____

Patient's Name _____

Patient's Address _____

Does patient have a physical or mental impairment which substantially limits one or more major life activities (e.g., walking)? YES NO

I certify that all statements made in this section are true and correct to the best of my knowledge and professional belief.

Signature of Physician _____

Date _____