



# Application for Real Property Tax Exemption for Certain New or Substantially Rehabilitated Multiple Dwellings

(Real Property Tax Law, section 421-m)

(Instructions for completing this form are contained in Form RP-421-m-Ins)

1. Name of owner(s)

\_\_\_\_\_  
Mailing address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of contact person

\_\_\_\_\_  
Daytime phone number \_\_\_\_\_  
Evening phone number \_\_\_\_\_  
E-mail address (optional) \_\_\_\_\_  
\_\_\_\_\_

3. Location of property (see instructions)

\_\_\_\_\_  
Street address  
\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Village (if any)  
\_\_\_\_\_  
School district

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot \_\_\_\_\_

Is property located in a designated benefit area as set forth in municipal law? Yes  No

4. Description of property for which exemption is sought

a) Prior land use - Indicate the land use of the parcel when the improvement was started:

- Vacant     Predominantly vacant     Under-utilized land
- Contained a non-conforming use
- Contained a substandard, structurally unsound or unsanitary dwelling

If other than *Vacant*, provide details: \_\_\_\_\_

b) Nature of improvement

- New construction     Substantial rehabilitation (see instructions for definition)

Provide details: \_\_\_\_\_

5. Date when construction or substantial rehabilitation of structure commenced: \_\_\_\_\_

6. Was construction or substantial rehabilitation carried out with grants of financial assistance from a federal, state or local agency? Yes  No  If Yes, attach documentation.

7. Residential attributes of the improvement

a) Is the multiple dwelling occupied or to be occupied as the residence of three or more families living independently of one another? Yes  No

b) Is any portion of the multiple dwelling used as a hotel? Yes  No

c) Number of dwelling units in building: \_\_\_\_\_

d) Number of which are affordable dwelling units (see instructions for definition): \_\_\_\_\_

Attach the report of the municipal agency or officer that verified that the project is in compliance with the affordable housing requirement. That verification must be done in accordance with procedures established by the New York State Division of Housing and Community Renewal.

8. Use of property

a. Area of building improvement: \_\_\_\_\_ square feet

b. Area of building improvement in multiple dwelling use, exclusive of commercial and other uses: \_\_\_\_\_ square feet

9. Is the property currently receiving any other exemption from real property taxation? Yes  No

10. Expected date of completion of improvement (attach copy of certificate of occupancy or other documentation of completion): \_\_\_\_\_

**Certification**

I, \_\_\_\_\_, hereby certify that the information on this application and any accompanying pages constitutes a true statement of facts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Assessor's Use**

1. Date application filed: \_\_\_\_\_ 2. Applicable taxable status date: \_\_\_\_\_

3. Action on application:  Approved  Disapproved

4. Assessed valuation of parcel in first year of exemption: \$ \_\_\_\_\_

5. Increase in total assessed valuation in first year of exemption: \$ \_\_\_\_\_

6. Amount of exemption in first year:

	Percent	Amount
County	_____	\$ _____
City/Town	_____	\$ _____
Village	_____	\$ _____
School District	_____	\$ _____

\_\_\_\_\_  
Assessor's signature

\_\_\_\_\_  
Date