



# Application for Exemption for Persons with Disabilities and Limited Incomes

For help completing this application, see Form RP-459-c-I, *Instructions for Forms RP-459-c and RP-459-c-Rnw*. You must file this application with your local assessor by the taxable status date. Do **not** file this form with the Office of Real Property Tax Services.

Name(s) of owner(s)			
Mailing address of owner(s) (number and street or PO Box)		Location of property (street address)	
City, village, or post office	State	ZIP code	City, village, or post office State ZIP code
Daytime contact number	Evening contact number	School district	
Email address		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll)	
Name(s) of any non-owner spouse(s)			
Address(es) of primary residences(s) if different from above:			

**1** Describe the nature of your physical or mental impairment which substantially limits one or more major life activities, such as walking.

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**2** Mark an **X** in the appropriate box(es) to indicate the document(s) submitted with your application as proof of your permanent disability (see instructions):

- Award letter from the Social Security Administration of your entitlement to social security disability insurance or supplemental security income (SSI) .....
- Award letter from the Railroad Retirement Board of your entitlement to railroad retirement disability benefits .....
- Certificate from the New York State Commission for the Blind stating you are legally blind .....
- Award letter from the United States Postal Service certifying your disability pension .....
- Award letter from the United States Department of Veterans Affairs certifying your disability pension .....
- Order from the Workers' Compensation Board awarding compensation for a permanent total disability or permanent partial disability .....

**3** Mark an **X** in the appropriate box(es) to indicate the documents provided with your application as proof of ownership (see instructions):

- Deed  Mortgage  Other (specify)  \_\_\_\_\_

**4a** Does the owner with the disability presently occupy the premises as their legal residence? ..... Yes  No   
If Yes, skip to line 5.

**4b** Is an owner receiving medical care as an inpatient in a residential healthcare facility? ..... Yes  No   
If Yes, enter the name and location of the facility.

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**5** Is any portion of the property used for purposes other than residential, such as farming, commercial, vacant land, or professional offices? ..... Yes  No

If Yes, describe such use, and the portion that is so used.

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**6** Did the owner or spouse file a federal income tax return for the applicable income tax year?  
 (see instructions to determine the applicable income tax year) ..... Yes  No

If Yes, attach a copy of such return (if you did file a return or returns for the applicable income tax year, but do not have a copy, see the instructions).

If No, complete Form RP-459-c-Wkst, *Income Worksheet for Exemption for Persons with Disabilities and Limited Incomes*. Any spouse or owner completing Form RP-459-c-Wkst should skip questions 7 through 7c.

**7** List the federal adjusted gross income (FAGI) of each owner and the spouse of each owner for the applicable income tax year. Attach additional sheets if necessary. (See instructions to determine the applicable income tax year.)

FAGI of Owner(s)	
A Name of owner(s)	B FAGI
<b>7a Total FAGI of owner(s) (add column B) .....</b>	<b>7a</b>

FAGI of Spouse(s) Who Are Not Owners	
A Name of spouse(s) if not owner of property	B FAGI
<b>7b Total FAGI of spouse(s) (add column B) .....</b>	<b>7b</b>
<b>7c Total FAGI of owner(s) and spouse(s) (add lines 7a and 7b) .....</b>	<b>7c</b>

**8** Enter total income from Form RP-459-c-Wkst, line 8. Enter **0** if not applicable ..... **8**

**9** If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which the property is located (see instructions), enter the unreimbursed medical and prescription drug costs (deduct any amounts reimbursed by insurance) ..... **9**

**10** Of the income specified on line 7c or line 8 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 **0** if not applicable (see instructions.) ..... **10**

**Note:** There are various adjustments to income regarding eligibility for the exemption. Some of the adjustments are subject to local option by your taxing jurisdictions (municipality, school district, and county). The assessor will determine your income after applying the adjustments available in your taxing jurisdictions.

**11** Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades Pre-K through 12? ..... Yes  No

If Yes, complete lines 11a and 11b.  
If No, skip to *Certification*.

**11a** List the name(s) and location(s) of each school:

\_\_\_\_\_

\_\_\_\_\_

**11b** Was the child (or were the children) brought into the residence in whole, or in substantial part, for the purpose of attending a particular school within the school district? ..... Yes  No

**Certification**

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

Signature (If more than one owner, all must sign)	Marital status	Phone number	Date

**For Assessor's Use Only**

Date application filed \_\_\_\_\_

- Proof of disability submitted
- Proof of ownership submitted
- Proof of income submitted
- Application approved
- Application denied

Exemption applies to taxes levied by or for:

- Town \_\_\_\_\_%
- County \_\_\_\_\_%
- School \_\_\_\_\_%
- Village \_\_\_\_\_%
- City \_\_\_\_\_%

Assessor's name	Date
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