



# Renewal 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 currently substantially limits one or more major life activities, such as walking.

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

- Proof of permanent disability .....
- 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** Have you received this exemption before? ..... Yes  No   
If **No**, **stop**. Do **not** complete this form. Apply for this exemption using Form RP-459-c, *Application for Exemption for Persons with Disabilities and Limited Incomes*.

**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.

**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 7a through 7d.

**7a** 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) and spouse(s)	B FAGI

**7b** Total FAGI of owner(s) (add column B) ..... **7b**

FAGI of spouse(s) who are not owners	
A Name of spouse(s) if not owner of property	B FAGI

**7c** Total FAGI of spouse(s) (add column B) ..... **7c**

**7d** Total FAGI of owner(s) and spouse(s) (add lines 7b and 7c) ..... **7d**

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

**9** Of the income specified on line 7d or line 8, how much, if any, was used to pay for an owner's care in a residential healthcare facility? (Attach proof of the amount paid; enter **0** if not applicable; see instructions) ..... **9**

**10** 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) .....

<b>10</b>	
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**Note:** There are various adjustments to income regarding eligibility for this 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:

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**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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