

TOWN OF ORANGETOWN ASSESSOR'S OFFICE
26 ORANGEBURG ROAD
ORANGEBURG NY 10962

2025 FILING YEAR INSTRUCTIONS:

**LOW INCOME SENIOR - PARTIAL TAX EXEMPTION FOR REAL
PROPERTY OF SENIOR CITIZENS FORM (RP-467)**

Must be submitted by MARCH 1, 2025

THE FOLLOWING MUST BE SUBMITTED TO QUALIFY FOR EXEMPTION:

- 1.) **Copy of 2023 Federal Tax Return.**
- 2.) **Copies of all 1099's, W-2's, Pension & Annuities, Dividend Statements, Rental Receipts, 2023 Social Security Statements, Veterans Disability Payments, Taxable & Tax-Exempt Interest Statements, Wages & Salaries & Bonuses, Tax Refunds, Alimony, Business Income, Capital Gains, Farm Income, Unemployment Income & Worker's Comp Income or any Other Gross Income, Distributions & Interest from IRA (individual retirement accts).**
- 3.) **Those who are no longer required to file tax returns, MUST submit 12 months of Checking & Saving Statements for "all bank accounts the applicant has whether Foreign or Domestic." (MANDATORY)**
- 4.) **List all properties owned by applicant(s) whether in your name or in a company name.**

****PLEASE PROVIDE COPIES OF ALL SUBMITTED DOCUMENTS****

WE DO NOT ACCEPT FAXES

ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED,
IF YOU HAVE QUESTIONS, PLEASE

CALL 845-359-5100 EXT 2224 OR 2265



Application for Senior Citizens Exemption

For help completing this application, see Form RP-467-I, *Instructions for Forms RP-467 and RP-467-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, town, or village	
				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 residence(s) if different from above:					

1 Indicate which documents you included with this application as proof of age of owners (see instructions):
 Driver license Birth certificate Other (specify) _____

2 Date you acquired ownership of property (see instructions): _____

3 Indicate document included with application as proof of ownership (see instructions):
 Deed Other (specify) _____

4 Do all the owners of the property presently occupy the premises as their legal primary residence? Yes No
 If Yes, skip to line 5.

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

4b Is the non-resident owner the spouse or former spouse of the resident owner? Yes No
 If No, skip to line 5.

4c Are they absent from the residence due to divorce, legal separation, or abandonment? Yes No

5 Is any portion of the property used for purposes other than residential, such as commercial, or professional offices? Yes No
 If Yes, explain such use and describe the portion that is so used. _____

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 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-467-Wkst, *Income Worksheet for Senior Citizens Exemption*. Any spouse or owner completing RP-467-Wkst should skip questions 7 through 7c

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

A Name of owner(s)	B FAGI
7a Total FAGI of owner(s) (add column B)	7a

A Name of spouse(s) if not owner of property	B FAGI
7b Total FAGI of spouse(s) (add column B)	7b
7c Total FAGI of owner(s) and spouse(s) (add lines 7a and 7b)	7c

8 Total income from RP-467-Wkst. 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 in 7c or line 8 of Form RP-467-Wkst 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 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.

11a List the name and location 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

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief. I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, as well as a fine.

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

For Assessor's Use Only

Date application filed _____

Exemption applies to taxes levied by or for:

Action on application: Approved Disapproved

Proof of age submitted

Town _____ %

Proof of ownership submitted

County _____ %

Proof of income submitted

School _____ %

Village _____ %

City _____ %

Assessor's name (*print*)

Assessor's signature

Date