

NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE OFFICE OF REAL PROPERTY TAX SERVICES

Consolidated Incentive Aid Program Application for State Aid

Assessor's First	Name Middle Initial	Last Name
Street Name & N	umber City/Town	
State	Zip Code	Phone Number
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INSTRUCTIO	NS:	
approval, pay included in th State Aid will	Assessment Program (CAP), or the chief a ment will be made directly to the Chief Fis le CAU, CAP or county assessing unit mu	assessor for the Consolidated Assessing Unit (CAU) or the ssessing officer of the county assessing unit. However, upon scal Officer for each City/Town/County. The cities and towns ust be listed in the spaces provided on the back of this form ten from the Assessors Report submitted for the first finate.
	CONSOLIDATED ASSESSING UNIT (RF Two or more cities or towns may comb control of a Board of Directors.	PTL Section 1602) ine to form a new, consolidated assessing unit under the
		AM (RPTL Section 579) e county may coordinate their assessing functions. dinated assessment program retain their status as separate
	COUNTY ASSESSING UNIT (RPTL Sect	ion 1537)
	The county provides all assessment se the county and its constituent municipal	rvices to its cities and towns by mutual agreement between al governments.
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l, this form do h		assessing officer for the municipalities listed on the back of ant to Section 1573(3)(a) of the Real Property Tax Law.
	,	
The fi	rst final assessment roll(s) prepared for this	s new assessing unit or cooperative program was
filed on	Date	
Signed:		Date:
	Assessing Officer	

Submit this Application to:

YOUR REGIONAL
NYS OFFICE OF REAL PROPERTY TAX SERVICES

SWIS CODE	CITY/TOWN NAME	COUNTY