New York State Department of Taxation and Finance
Office of Real Property Tax Services

RP-421-ff
(12/12)

Application for Real Property Tax Exemption for Residential Capital Improvements In City of Auburn (Cayuga County)

(Real Property Tax Law, Section 421-ff, for use in city of Auburn only)

(See instructions, Form RP-421-ff-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
   _____ Village *(if any)*
   _____ City/Town
   _____ School district

   Property identification *(see tax bill or assessment roll)*

   Tax map number or section/block/lot _____

4. Is this property used exclusively for residential purposes? Yes ☐ No ☐
   If *No,* **STOP!** The property does not qualify for this exemption.

5. Description of residential property for which exemption is sought:
   a. Reconstruction ☐ Alteration ☐ Improvement ☐
   b. Exemption level benefit sought in this application:
      Basic-not certified ☐ LEED equivalent-Certified/Silver ☐ LEED equivalent-Gold ☐
      LEED equivalent-Platinum ☐
      (Attach copy of certification for LEED equivalent projects.)
   c. Total value of project _____
   d. Date project was started _____
   e. Date completed *(attach copy of* Certificate of Occupancy) _____

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
City (only)	_____	$ _____

_____ Assessor's signature

_____ Date

Clear Form