

RP-467-Wkst should skip questions 7 through 7c

Department of Taxation and Finance Office of Real Property Tax Services

**RP-467** 

## **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 I	Зох)	Location of property (street address)		
City, village, or post office	State ZIP code	City, town, or village	State ZIP code	e
Daytime contact number Evening	contact number	School district		
Email address		Tax map number of section/block/lot: Property identifi	ication (see tax bill or asse	essment roll)
Name(s) of any non-owner spouse(s)				
Address(es) of primary residence(s) if different from a	bove:			
Driver license Birth certificate  2 Date you acquired ownership of prop	oerty (see instructions):	•		
Indicate document included with approper Deed Other (specify)	•	ship (see instructions):		
4 Do all the owners of the property pre If Yes, skip to line 5.	esently occupy the premis	es as their legal primary residence?	Yes	No 🗌
4a Is an owner receiving medica If Yes, list the name and locat		residential health care facility?	Yes	No L
<b>4b</b> Is the non-resident owner the If <i>No</i> , skip to line 5.	spouse or former spouse	of the resident owner?	Yes	No 🗌
<b>4c</b> Are they absent from the resid	dence due to divorce, lega	al separation, or abandonment?	Yes	No 🗌
5 Is any portion of the property used for	or purposes other than res	sidential, such as commercial, or	_	
professional offices?			Yes	No 🗀
If Yes, explain such use and describ	e the portion that is so us	ed		
to determine the applicable income tax yells feet, attach copy of such return (if yinstructions).	ear) ou did file a return or returns	e applicable income tax year? (see instruc	Yes Lat have a copy, see the	No 🗌
If No. complete Form RP-467-Wkst	Income Worksheet for Se	enior Citizens Exemption, Any spouse or o	owner completing	

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	
<b>Total</b> income from RP-467-Wkst. Enter <b>0</b> if not applicable.	8	
If a deduction for unreimbursed medical and prescription drug expenses is author 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	
Of the income specified in 7c or line 8 of Form RP-467-Wkst how much, if any, wa		
for an owner's care in a residential health care facility? Attach proof of amount pai if not applicable (see instructions).		
<b>Note:</b> There are various adjustments to income regarding eligibility for this exemp option by your taxing jurisdictions (municipality, school district, and county). The a the adjustments available in your taxing jurisdictions.		
Does a child (or children), including those of tenants or lessees, reside on the pro 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:		

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
Pate application filed action on application: Approved Disapproved	essor's Use On  Exemption a	applies to taxes levied by or for	:
Proof of age submitted	County School Village City	%	
Assessor's name (print)			
Assessor's signature	Date		