



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

**APPLICATION FOR RESIDENTIAL INVESTMENT REAL  
PROPERTY TAX EXEMPTION; CERTAIN CITIES**

APPLICATION FOR EXEMPTION MUST BE FILED WITH CITY OF SYRACUSE ASSESSOR BY JANUARY 1  
Do not file form with the Office Board of Real Property Tax Services

1. Name and telephone no. of owner(s)

2. Mailing address of owner(s)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Day No. ( ) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Evening No. ( ) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E-mail address (optional) \_\_\_\_\_

3. Location of property: \_\_\_\_\_, City of Syracuse  
Street address

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot \_\_\_\_\_

4. Description of residential property for which exemption is sought:

a.  one-family residence  two-family residence  three-family residence  other

b. General description of improvement (if necessary, attach plans or specifications):  
\_\_\_\_\_

c. Total cost: \_\_\_\_\_

d. Date construction of improvement was started: \_\_\_\_\_

e. Date completed (attach copy of certificate of occupancy or other documentation of completion):  
\_\_\_\_\_

5. Is this property primarily used as a residence?  Yes  No

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**Certification**

I, \_\_\_\_\_, hereby certify that the information on this application and any accompanying pages constitutes a true statement of facts.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

