

**INSTRUCTIONS FOR FILING THE APPLICATION FOR A VILLAGE OF MALVERNE
PARTIAL EXEMPTION FOR PROPERTY OWNED BY SENIOR CITIZENS**

To qualify for the exemption your total household income must be less than \$28,899. Local Law 2 of 2014 provided for increases in each level of income. A copy of the Local Law is available from the Assessment Dept. by calling 599-1200, Extension 108. **The filing period for the exemption is OCTOBER 1st to DECEMBER 31st OF EACH YEAR.**

In order to be considered for the exemption you must provide the following documents:

- New Applicants: submit proof of age (birth certificate, baptismal certificate or passport) and a photocopy of your deed, along with the required proofs of income for the prior year as listed below.

Those who are re-applying for the exemption must provide:

- A copy of all pages of your signed and dated Federal Income Tax Return.
- Copies of all 1099's for the year (Social Security, wages, salary, interest, dividends, IRA distributions, pensions, annuities, lottery/gambling winnings, etc.)
- If you did not file a Federal or State Income Tax Return, you must provide a print out from the Internal Revenue Service of all 1099's. You may contact the IRS at 1-800-829-1040 for further information, or file form 4506T with the IRS requesting a transcript.
- If applicable, a letter stating amount received per month from a tenant, and/or any relative who resides with you.

Any application that is not completed, signed, or is missing the required proofs of income and supporting documents will not be processed.

If you have any questions or require assistance, please contact Rose Miller at 599-1200, Extension 108 during regular business hours.

**INCORPORATED VILLAGE OF MALVERNE
APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF AGED
PERSONS**

1. Property Owner(s):

Name _____ Date of Birth _____ Social Security # _____

Name _____ Date of Birth _____ Social Security # _____

2. _____ Telephone _____
Address

3. Property Identification: _____ Section _____ Block _____ Lot(s)

4. Indicate documents submitted as proof of age of owner(s) (please check)

_____ Birth Certificate _____ Current Passport

_____ Baptismal Certificate _____ Proof filed with prior year's application

5. Date applicant(s) acquired ownership of property: _____

6. Copy of Deed submitted: Liber _____ Page: _____

If any owners on the deed are deceased, a copy of the death certificate must be attached.

7. Do all of the property owners presently reside on the premises? _____ Yes _____ No

If answer to #7 is No, please explain:

8. Is any portion of the property used for other than residential purposes?

_____ Yes _____ No

If answer to question #8 is Yes, please explain:

9. Do you own other property, either residential or commercial, in addition to your primary residence? _____ Yes _____ No

If the Answer to #9 is Yes, please list the information below.

Address of Property: _____ Commercial / Residential

10. List all adults and children living in the Household (including tenants):

Name	Age	Rent/Contribution to Household per month
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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10. Income of each owner and spouse must be set forth below. Income of husband and wife must be declared individually. Applicants must check all appropriate sources of income as listed below for the calendar year preceding the date of the application, and enter amounts. Attach additional sheets if necessary.

Total of Sources of Income:	Owner: _____	Owner: _____
Social Security	Amount _____	Amount _____
Salary/Wages	Amount _____	Amount _____
Interest from Savings/Checking		
Bank: _____	Amount _____	Amount _____
Bank: _____	Amount _____	Amount _____
Bank: _____	Amount _____	Amount _____
Bank: _____	Amount _____	Amount _____
Bank: _____	Amount _____	Amount _____
Non-Taxable Interest	Amount _____	Amount _____
On State and Local	Amount _____	Amount _____
Bonds	Amount _____	Amount _____
	Amount _____	Amount _____
Dividends from Stocks/	Amount _____	Amount _____
Bonds, etc.	Amount _____	Amount _____
	Amount _____	Amount _____
	Amount _____	Amount _____
Annuity Payments/	Amount _____	Amount _____
IRA Distributions	Amount _____	Amount _____
	Amount _____	Amount _____
	Amount _____	Amount _____
Net Rents from all	Amount _____	Amount _____
properties owned	Amount _____	Amount _____
	Amount _____	Amount _____
Payments made by Children	Amount _____	Amount _____
Residing with you	Amount _____	Amount _____
Gains from Sales/	Amount _____	Amount _____
Exchanges	Amount _____	Amount _____
Business/Professional	Amount _____	Amount _____
Income	Amount _____	Amount _____
Income from Estates/	Amount _____	Amount _____
Trusts	Amount _____	Amount _____
Pensions: private,	Amount _____	Amount _____
Government, Veterans	Amount _____	Amount _____
Alimony/Support Monies	Amount _____	Amount _____
Disability Payments	Amount _____	Amount _____
Unemployment Insurance	Amount _____	Amount _____
Workmen's Compensation	Amount _____	Amount _____
Other Income	Amount _____	Amount _____
TOTAL INCOME OF OWNER(S):	AMOUNT: _____	

11. Did owner(s) file a Federal Income Tax Return for the preceding year? Yes
 No

If the answer to #11 is Yes, attach a complete copy of such return or returns.

Copies of Federal Income Tax Returns must be attached to this application if you were required to file a return. In addition, copies of proof of income such as Social Security Statement (SSA 1099), Pension Statements (W2P), Bank Statements (1099), etc. must be attached to this application.

If you were **not** required to file an income tax return, you must attach a printout from the IRS listing all 1099's. This is the only proof of non-filing that will be accepted.

12. The monies listed below DO NOT count as income and therefore would not exclude the applicant(s) from the exemption.

Source and Amount of inheritance, if any: _____

Source and amount of gifts received during the preceding calendar year:

I/We certify that all statements made on this application are true and correct to the best of My/Our belief and I/We understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five (5) years and a fine of not more than \$100.

SIGNATURE (If more than one owner, all owners must sign)

Date _____

Date _____

Date _____

Proof of Power of Attorney must be furnished if signed by other than the owner(s).

COMPLETED APPLICATIONS MUST BE FILED WITH THE VILLAGE OF MALVERNE ON OR BEFORE DECEMBER 31st.