

YEAR _____

S.D. _____ SEC _____ BLK _____ LOT(S) _____

**APPLICATION FOR PARTIAL EXEMPTION FROM REAL PROPERTY TAXATION
For Members of:
MALVERNE VOLUNTEER FIRE DEPARTMENT
MALVERNE VOLUNTEER AMBULANCE CORPS**

Please Print

NAME _____

ADDRESS _____, Malverne, New York 11565

SERVICE ORGANIZATION: FIRE DEPARTMENT _____ MVAC _____

START DATE OF SERVICE _____

NUMBER OF YEARS OF SERVICE _____

IF LESS THAN 20, ARE YOU STILL AN ENROLLED MEMBER? YES _____ NO _____

I herby certify, under penalties of perjury, that:

1. I am currently an active enrolled member in good standing of the Village of Malverne Volunteer Fire Department or the Malverne Volunteer Ambulance Corps OR I was an enrolled member who accrued more than twenty (20) years of service.
2. The above referenced property is owned by me or partially owned by me, is occupied by me and is used as my primary residence.
3. The above referenced property is used exclusively for residential purposes.
4. I acknowledge my responsibility to immediately notify the Village Clerk if either of the conditions listed in #2 or # 3 cease to be true.
5. I understand that any false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.
6. I further understand that any false statement of a material fact herein, in addition to any other penalties that may be imposed, will be grounds for disqualification from further exemption for a period of five (5) years.

Date: _____

Signature of Applicant

Sworn to before me this
_____ day of _____, 20_____

Notary Public

For Assessor's use only:

Fiscal Year _____ Assessment _____ x 10% = _____
Final Assessment Reduction

**CERTIFICATION BY THE
BOARD OF DIRECTORS OF THE MALVERNE VOLUNTEER AMBULANCE CORPS
OR
THE FIRE COUNCIL OF THE MALVERNE VOLUNTEER FIRE DEPARTMENT**

To be completed by the designated representative of the Malverne Fire Dept. Council or the designated representative of the Board of Directors of the Malverne Volunteer Ambulance Corps.

NAME AND ADDRESS OF MEMBER _____

SERVICE ORGANIZATION: FIRE DEPARTMENT _____ MVAC _____

START DATE OF MEMBER: _____

5 year member in good standing: Yes _____ No _____

20 year member in good standing: Yes _____ No _____

If 20 year member, have you confirmed that the above listed address is still the primary residence of the member? Yes _____ No _____

The Fire Council of the Malverne Volunteer Fire Department or the Board of Directors of the Malverne Volunteer Ambulance Corps, as applicable, has certified that

- 1. The member on this application is an active enrolled member OR has accrued twenty (20) years of active service;**

- 2. Such board has authorized the individual below to sign on behalf of the respective council or board.**

FIRE COUNCIL OF THE MALVERNE VOLUNTEER FIRE DEPARTMENT BY:

Name: _____ Title

BOARD OF DIRECTORS OF THE MALVERNE VOLUNTEER AMBULANCE CORP BY:

Name: _____ Title