



Filing Deadline is MAY 1st!

Department of Taxation and Finance
Office of Real Property Tax Services

RP-467

(10/23)

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 Box)			Location of property (street address)		
City, village, or post office		State	ZIP code	City, town, or village	
Daytime contact number	Evening contact number	School district			
Email address			Tax map number of section/block/lot: Property identification (see tax bill or assessment roll)		
Name(s) of any non-owner spouse(s)					
Address(es) of primary residence(s) if different from above:					

1 Indicate which documents you included with this application as proof of age of owners (see *instructions*):

Driver license Birth certificate Other (specify) _____

2 Date you acquired ownership of property (see *instructions*): _____

3 Indicate document included with application as proof of ownership (see *instructions*):

Deed Other (specify) _____

4 Do all the owners of the property presently occupy the premises as their legal primary residence? Yes No
If Yes, skip to line 5.

4a Is an owner receiving medical care as an inpatient in a residential health care facility? Yes No
If Yes, list the name and location of the facility.

4b Is the non-resident owner the spouse or former spouse of the resident owner? Yes No
If No, skip to line 5.

4c Are they absent from the residence due to divorce, legal separation, or abandonment? Yes No

5 Is any portion of the property used for purposes other than residential, such as commercial, or

professional offices? Yes No

If Yes, explain such use and describe the portion that is so used. _____

6 Did the owner or spouse file a federal income tax return for the applicable income tax year? (see *instructions* to determine the applicable income tax year) Yes No

If Yes, attach copy of such return (if you did file a return or returns for the applicable income tax year, but do not have a copy, see the *instructions*).

7 List the federal adjusted gross income (FAGI) (see *instructions*) of each owner and spouse of each owner for the applicable income tax year. Attach additional sheets if necessary. (See *instructions to determine the applicable income tax year and the income to be included*.)

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)

70

8 Total income from RP-467-Wks. Enter **0 if not applicable.**

8

9 If a deduction for unreimbursed medical and prescription drug expenses is authorized by 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*).

10 Of the income specified in 7c or line 8 of Form RP-467-Wkst how much, if any, was used to pay for an owner's care in a residential health care facility? Attach proof of amount paid; enter **0** if not applicable (see *instructions*).

10

Note: There are various adjustments to income regarding eligibility for this exemption. Some of the adjustments are subject to local option by your taxing jurisdictions (municipality, school district, and county). The assessor will determine your income after applying the adjustments available in your taxing jurisdictions.

11 Does a child (or children), including those of tenants or lessees, reside on the property and attend a 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:

11b Was the child (or were the children) brought into the residence in whole or in substantial part for the purpose of attending a particular school within the school district? Yes No

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

For Assessor's Use Only

Date application filed _____

Exemption applies to taxes levied by or for:

Action on application: Approved Disapproved

Proof of age submitted

Town _____ %

Proof of ownership submitted

County _____ %

Proof of income submitted

School _____ %

Village _____ %

City _____ %

Assessor's name (print)

Assessor's signature

Date

Completion of this worksheet is required for the determination of exemption eligibility.

City of Peekskill, Assessment Office
840 Main St, Peekskill, NY 10566

Income Worksheet
Filing Deadline is May 1, 2025

Income Worksheet: Based on 2024 Income and Tax Return

Name of All Owner(s): _____

Property Address: _____

Section-Block-Lot: _____

Include all applicable sources of 2024 income as detailed below. Please attach a complete copy of your Federal Income Tax Return (all pages/ schedules), including all corresponding 1099's and W-2's, such as Wages, Pensions, Social Security Benefit Statement, Bank Account/ Financial Institution, Dividends, Capital Gains, US Savings Bonds, etc.

If you do not file a tax return, all owners' and spouses must provide the documents that would be required to file a tax return, such as W-2's, Social Security Benefit Statements, 1099's for any income including dividends, interest, capital gains, etc. Rent receipts for multifamily dwellings are also required.

Source of Income		Owner #1 (Dollar Amt is Required)	Owner #2 (Dollar Amt is Required)	Spouse, if not an Owner (Dollar Amt is Required)
1	Social Security (Gross amount)			
2	Salary or Wages			
3	Bonuses			
4	Bank Account Interest			
5	Taxable interest on US Savings & Treasury Notes, State and Local Bonds			
6	Total Dividends			
7	Pensions: Monies received from Governmental, Private Sector or any other Pension			
8	Net Capital Gains			
9	Gains from Sales or Exchanges			
10	Net Income from Estates or Trusts			
11	Net Earnings from Business Profession			
12	Net Farm Income			
13	Apartment Rental Income			
14	Alimony or Support Income			
15	Worker's Compensation			
16	Annuity Payments			
17	Unemployment Insurance			
18	All Other Income (Not listed above)			
	TOTAL			

Complete the following question:

Are there any children, Kindergarten through 12th Grade (including grandchildren or tenants' children), residing at the property? YES _____ NO _____

If yes, provide the name and address of school(s) attended:

CERTIFICATION

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.

All owners must sign and date below.

X _____ Date: _____

X _____ Date: _____

X _____ Date: _____