



## Renewal 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 of applicant(s)				
Mailing address (number and street or PO Box)		Location of property (street address)		
City, village, or post office	State	ZIP code	City, village, or post office	State ZIP code
Daytime contact number		Evening contact number		
Email address (optional)		School district		
Name(s) of any non-owner spouse(s)		Tax map number or section/block/lot: Property identification (see tax bill or assessment)		

1 Since filing your application last year, fully describe on the lines below any changes in:

- a title to the property (due to death, addition or deletion of owner);
- b legal residence or occupancy of the property (for example, confinement of owner in hospital or nursing home, divorce, legal separation or abandonment by spouse);
- c use of residence for other than residential purposes (store, office, farm, and so on); or
- d children of owners, tenants or leaseholders living on the premises attending public school grades Pre-K through 12; if so, give the name and location of the school or schools, and state whether such child or children were brought into the property in whole or in substantial part for the purpose of attending a particular school within the school district.

If there has been **no** change in items **a**, **b**, **c**, and **d** above, mark an **X** in the box.

Explanation of changes that have occurred as indicated on line 1 (attach additional sheets if necessary).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** For lines 2 through 5, use the Form RP-467-I, lines 6 through 10 instructions.

2 Did the owner or spouse file a federal income tax return for the applicable income tax year?  
(see Form RP-467-I, *Instructions for Forms RP-467 and RP-467-Rnw, to determine the applicable income tax year*) ..... Yes  No

If Yes, attach a copy of the return. If you do not have a copy, see Form RP-467-I, lines 6 through 10.

If No, complete Form RP-467-Wkst, *Income Worksheet for Senior Citizens Exemption*.

(continued)

3 List the federal adjusted gross income (FAGI) (see instructions) of each owner and spouse of each owner for the applicable income tax year, except for an owner who is absent from the residence due to divorce, legal separation, or abandonment. Attach additional sheets if necessary. See Form RP-467-I to determine the applicable income tax year.

**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.

## 6 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.

<b>Signature</b> (If more than one owner, all must sign)	<b>Marital status</b>	<b>Phone number</b>	<b>Date</b>

### **For Assessor's Use Only**

Date renewal application filed \_\_\_\_\_

Approved  Disapproved

#### Reason for denial

Exemption applies to taxes levied by or for:

City/Town \_\_\_\_\_ %  County \_\_\_\_\_ %

School %  Village %

Assessor's name ( <i>print</i> )
Assessor's signature

**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, 2026

**Income Worksheet: Based on 2025 Income and Tax Return**

Name of All Owner(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Section-Block-Lot: \_\_\_\_\_

Include all applicable sources of 2025 income as detailed below. Please attach a complete copy of your Federal Income Tax Return (all pages/ schedules).

**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.**

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

**Complete the following question:**

Are there any children, Kindergarten through 12<sup>th</sup> Grade (including grandchildren or tenants' children), residing at the property?    YES \_\_\_\_\_    NO \_\_\_\_\_

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

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**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: \_\_\_\_\_