



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.

A Names of owner(s) and spouse(s)	B FAGI

- | | | |
|--|-----------|--|
| 3a Total FAGI of owner(s) and spouse(s) (<i>add column B</i>) | 3a | |
| 3b Report amount from Form RP-467-Wkst line 8 | 3b | |
| 4 If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which the property is located (<i>see instructions</i>), enter the unreimbursed medical and prescription drug costs (<i>deduct any amounts reimbursed by insurance</i>). | 4 | |
| 5 Of the income specified on line 3a, 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 (<i>see Form RP-467-I</i>) | 5 | |

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.

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

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	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, 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.

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: _____