Department of Taxation and Finance
Office of Real Property Tax Services

Application for Senior Citizens Exemption

RP-467
(10/23)

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 State ZIP code	
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).*

If *No*, complete Form RP-467-Wkst, *Income Worksheet for Senior Citizens Exemption*. Any spouse or owner completing RP-467-Wkst should skip questions 7 through 7c

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 owner(s)	B FAGI

7a **Total** FAGI of owner(s) *(add column B)* **7a**

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)* **7c**

8 **Total** income from RP-467-Wkst. 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)*. **9**

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 _____

Action on application: Approved ☐ Disapproved ☐

Proof of age submitted ☐

Proof of ownership submitted ☐

Proof of income submitted ☐

Exemption applies to taxes levied by or for:

Town _____ % ☐

County _____ % ☐

School _____ % ☐

Village _____ % ☐

City _____ % ☐

Assessor's name *(print)*	
Assessor's signature	Date