

NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR PARTIAL EXEMPTION FOR REAL PROPERTY OF PEOPLE WHO ARE PHYSICALLY DISABLED

(General information and instructions for completing this form are contained in Form RP-459-INS)

1.	Name and telephone no. of owner(s)	2. N	Iailing address of owner(s)
	Day No. () Evening No. () E-mail address (optional)	-	
3.	Location of property (see instructions)		
	Street address		Village (if any)
	City/Town		School District
	Property identification (see tax bill or assessment roll) Tax map number or section/block/lot:		
	CTION 1: Is the property a one, two or three family residence? Does a disabled person reside in the residence?	□Ye □Ye	
	If answer to either question is no, do no Property is not eligi	-	
5.	Name of disabled person: Relationship to owner of property:		
6.	Description of nature of disabled person's permanent p more major life activities (e.g. walking):		
7.	Description of improvement to property:		
8. 9.	Date of completion of improvement:Cost of improvement:		
BL SE	DISABLED PERSON IS LEGALLY BLIND, ATTACH (IND AND VISUALLY HANDICAPPED AND ANSWEI CTION 2. IF DISABLED PERSON IS SUFFERING FR IAN BLINDNESS, HAVE PHYSICIAN COMPLETE SEC	R QUE OM A	STION 10, OR HAVE PHYSICIAN COMPLETE PERMANENT PHYSICAL DISABILITY OTHER
10	Explain how improvement facilitates and accommodate	es disat	bled person's use and accessibility of residence.

I certify that all statements made above are true and correct.

Signature of Owner (or Owner's Representative*)

Date

*If owner is physically unable to complete this form, it may be completed by the owner's spouse, child or parent, or by some other representative of the owner. Explain representative's relationship to the owner.

SECTION 2:

Date

1		
Physician's name	New York State License no.	Date of Issue
2. Office address:		
3. Patient's name:		
4. Patient's address:		
5a. Does patient have a permanent phy activities (e.g. walking)?		imits one or more major life
b. If yes, description of patient's per	manent physical disability:	
	property facilitates and accommodates	
I certify that all statements made in thi professional belief.	s section are true and correct to the bes	st of my knowledge and
Signature of physician		Date
	E BELOW FOR ASSESSOR'S USE -	Date
Date application filed	Application approved	Date
SPAC Date application filed Applicable taxable status date (a) Assessed valuation of parcel incl	Application approved	Application disapproved
SPAC Date application filed Applicable taxable status date (a) Assessed valuation of parcel incl facilitate use and accessibility of (b) Assessed valuation of parcel excl facilitate use and accessibility of	Application approved uding value attributable to improvement	Application disapproved nts made to n
SPAC Date application filed Applicable taxable status date (a) Assessed valuation of parcel incl facilitate use and accessibility of (b) Assessed valuation of parcel excl facilitate use and accessibility of Assessed valuation of exemption	Application approved uding value attributable to improvement property by physically disabled person luding value attributable to improvement property by physically disabled person granted [(a) less (b)]	Application disapproved nts made to n
SPAC Date application filed Applicable taxable status date (a) Assessed valuation of parcel incl facilitate use and accessibility of (b) Assessed valuation of parcel excl facilitate use and accessibility of Assessed valuation of exemption	Application approved uding value attributable to improvement property by physically disabled person luding value attributable to improvement property by physically disabled person granted [(a) less (b)] d by or for: Name of county, city	Application disapproved nts made to n\$

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