

ELIGIBLE FUNDS VETERANS SUPPLEMENT EXEMPTION INSTRUCTION SHEET

Filing Deadline: MAY BE FILED NOW, UP TO BUT NO LATER THAN MARCH 1st.

Applications Accepted: In Person:

Monday through Friday 9:00AM to 4:30PM

Mail: Must be POSTMARKED no later than March 1st

Assessor's Office / Veterans

One Independence Hill Farmingville, NY 11738 Attn: Veterans Exemption

WHEN MAILING, REGISTERED/RETURN RECEIPT IS RECOMMENDED

In addition to the COMPLETED and SIGNED application
The Town of Brookhaven requires <u>PHOTOCOPIES</u> (NO ORIGINALS) of the following:

Submit Photocopies: 1. Completed, signed, and notarized application.

2. Photocopy for proof of additional funds being applied for. (ex. Insurance dividends, disability, etc....)

3. Photocopy for proof of how such funds were used.

see back of application for list of acceptable uses

*****NOTARY SERVICES ARE AVAILABLE AT TOWN HALL*****

Approval: If this exemption is approved, the savings will be applied to the

December tax bill.

<u>Denial:</u> Notice of Denials will be mailed to applicants by May 1st.

Renewing: The Eligible Funds Veterans Exemption does have to be renewed each year.

This exemption will remain on your property until there is a change of

ownership.

Receipt: Please complete and return the attached post card "**Receipt**" with your

application. It will be "Date Stamped" and returned to you.

PLEASE PROVIDE LEGAL DOCUMENTATION TO PROVE CHANGE OF OWNERSHIP DUE TO TRUST, MARRIAGE, DIVORCE, OR DEATH.



ELIGIBLE FUNDS VETERANS SUPPLEMENT

KEEPING US INFORMED

Please remember, when completing your application, to provide us with your latest personal contact information, such as your home phone number, cell number, email address, mailing address, etc....

By providing this information, we will have the ability to contact you concerning any changes to your real property tax exemptions.

ANY ADDITIONAL CHANGES MUST BE REPORTED TO THE ASSESSOR'S OFFICE PROMPTLY: It is the responsibility of the property owner or their next of kin/power of attorney to notify this office of <u>ALL</u> important changes/updates. Proof is required for any changes in: ownership, trust, marital status, death, or primary residence.

To be considered for the Eligible Fund Supplement Real Property Tax Exemption please read and answer all questions on attached application completely and accurately and supply ALL supporting documents no later than March 1st. ALL property owners and spouses are <u>required</u> to sign the application (RP-458 SUPP).

DEADLINE FOR FILING IS NO LATER THAN MARCH 1st. *****NOTARY SERVICES ARE AVAILABLE AT TOWN HALL*****

Thank you for keeping us up to date, so that we may better serve you.

Thank you,

Richard P. DeBragga

Richard P. DeBragga

Assessor

For information or questions:

Office of the Assessor 631-451-6300

Veterans Service Agency

Riverhead 631-852-1410 Hauppauge 631-853-8387 Stony Brook 631-444-8759

Town of Brookhaven Veteran Service Agency

631-451-6574



ELIGIBLE FUND VETERANS SUPPLEMENT APPLICATION

	1. Name of a	ıll ow	vners & spouses:						
18T	2. Address:								
CH	3. Home/Cell #:			Email:				 	
MAR	4. SCTM #: <u>เ</u>	Distri	ct Section	n		Block_	Lot		
	or Name o	f Co	-op:	To	tal shares:_		_ Shares to the unit:		
	5. Amount of previous funds allowed: \$								
ADLINE :	A. Type of funds:								
DE	(ei. Insurance dividends, compensation, disability, etc.)								
ILING	B. <u>ATTACH PHOTOCOPY PROOF OF HOW SUCH FUNDS WERE USED</u> (see list of acceptable uses on side 2 of application)								
副	6. Amount o	of ad	ditional claimed fun	ds: \$					
	7. New total	amo	ount of eligible funds	s: \$) <u> </u>				
NOTARIZED SIGNATURES for ALL OWNERS and SPOUSES of, are REQUIRED for APPLICATION TO BE COMPLETE.									
FAILURE TO DO SO WILL RESULT IN <u>DENIAL</u> OF THE EXEMPTION.									
(we) hereby certify that all statements made on this application are true and correct to the best of my (our) knowledge and belief and I (we) understand that any willful false statement made herein will subject me (us) to the penalties prescribed in the Penal Law.									
F	irst Name	M.I.	Last Name		Marital Status		Signature	Date	_
	irst Name	M.I.	Last Name		Marital Status		Signature	Date	
<u> </u>	iist Name	IVI.II.	Last Name		marital Otatus		oignature	Date	
	ate of New Yo								
	ounty of Suffo		worn to before me.						
Subscribed to and sworn to before me, this day of, 20									
	AFFIX STAMP HERE								
Notary Public or Commissioner of Deeds									
Town of Brookhaven Long Island									
Department of the Assessor One Independence Hill Farmingville, NY 11738					FILL IN NAME AND ADDRESS IN BOX BELOW				

ACCEPTABLE USES FOR ELIGIBLE FUNDS (SEE ITEM 3 OF INSTRUCTIONS)

ITEMS ALLOWED (MUST BE DATED WITHIN 1 YEAR OF APPLICATION):

- 1. DRIVEWAYS, SIDEWALKS, PATIO, OR DECKS
- 2. ADDITIONS AND EXTENSIONS (WITH BUILDING PERMIT)
- 3. CERAMIC TILE
- 4. NEW ROOFING OR SIDING
- 5. FENCING
- 6. **NEW CESSPOOLS**
- 7. NEW HEATING SYSTEMS
- 8. EXTERIOR PAINTING
- 9. LEADERS AND GUTTERS
- 10. IN-GROUND POOL
- 11. INSULATION
- 12. NEW STORM WINDOWS OR DOORS
- 13. PROOF OF MAINTENANCE FEES PAID (CONDO'S, CO-OP'S, OR HOA)
- 14. PROOF OF PRINCIPAL PAID ON MORTGAGE

******NOTARY SERVICES ARE AVAILABLE AT TOWN HALL*****

PHOTOCOPIED PAID RECEIPTS ARE REQUIRED TO PROVE ALL IMPROVEMENTS

ITEMS NOT ALLOWED:

- 1. LANDSCAPING
- 2. PORTABLE BUILDINGS
- 3. ABOVE GROUND POOLS
- 4. INTERIOR PAINTING, WALLPAPERING, OR DECORATING
- 5. APPLIANCES, FIXTURES, AND CABINETS
- 6. PANELING
- 7. WALL TO WALL CARPETING
- 8. INSIDE ALTERATIONS, REPAIRS, OR MAINTENANCE

TOWN OF BROOKHAVEN ELIGIBLE FUNDS VETERANS SUPPLEMENT RECEIPT

Suffolk County Tax Map # or Name of Co-op	
Item #	
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