



LIMITED INCOME DISABILITY EXEMPTION INSTRUCTION SHEET

Filing Deadline: MAY BE FILED NOW, UP TO BUT NO LATER THAN MARCH 1st, 2023.

Application Accepted: In Person: Monday through Friday 9:00AM to 4:30PM; Mail: Must be POSTMARKED no later than March 1st, Assessor's Office / Disability One Independence Hill Farmingville, NY 11738

\*WHEN MAILING, REGISTERED / RETURN RECEIPT IS RECOMMENDED\*

- Requirements: 1. The applicant must be the recorded owner and occupant of a one, two, three-family residence... 2. All owners and spouse of must be under the age of 65... 3. All owners must have a physical or mental impairment... 4. Combined TOTAL GROSS income... cannot exceed \$37,399.99.

In addition to the COMPLETED and SIGNED application, The Town of Brookhaven requires PHOTOCOPIES (no originals) of the following:

- Submit Copies of: 1. To prove ownership, you must provide one of the following: a) Recorded Deed... b) Bill of Sale... c) Certificate of Shares... 2. To prove disability, a letter from one of the following agencies is required for each disabled applicant... 3. To prove age, you must provide one of the following for each applicant... 4. To prove residency, you must provide one of the following for each applicant... 5. If spouse is deceased, a copy of Death Certificate. 6. If divorced or legally separated, a copy of the Divorce Decree or Legal Separation.

SOCIAL SECURITY LETTER OF VERIFICATION OF BENEFITS MUST STATE THAT YOU'RE "ENTITLED TO MONTHLY DISABILITY BENEFITS."

TO PROVE TOTAL GROSS INCOME, YOU MUST SUBMIT PHOTOCOPIES OF THE FOLLOWING FOR ALL OWNERS AND SPOUSES.

(No Originals please, as they WILL NOT be returned to you)

ALL INCOME SUBMITTED MUST BE FROM THE SAME FILING TAX YEAR OF 2021 OR 2022

IF YOU FILE AN INCOME TAX RETURN YOU MUST SUPPLY A COPY OF BOTH FEDERAL & NYS RETURNS WITH COPIES OF YOUR 1099'S FOR ITEM 3 OF THE LIST ON THE RIGHT.

ALL OWNERS, INCLUDING NON-RESIDENT OWNERS MUST ATTACH PROOF OF INCOME FOR 2021 OR 2022.

- 1. ENTIRE Federal Income Tax Return 1040 including ALL schedules. 2. ENTIRE New York State Income Tax Return including ALL schedules. 3. Social Security, IRA, Pension, and Annuity 1099's. MUST include any non-taxable items; such as Railroad, Police, Fireman, VA, Workers' Compensation, or Private Disability. 4. IRA End of Year Income Summary, All Quarterly or Final Yearly Statements, Performance Summary or Snapshot, etc. for ALL IRA accounts to provide earnings. The required information is NOT found on your Tax Return or 1099s. MUST BE SUPPLIED EVEN IF YOU DO NOT TAKE A DISTRIBUTION 5. Proof of any rental or business income. 6. Applicants must report any income towards household expenses from anyone living on premises (rent from family members, friends, or tenants). 7. Copy of most recent mortgage, reverse mortgage, or home equity loan statement. 8. Proof of sale for prior residence if sold in 2021 or 2022. 9. Copy of most recent mortgage statement for all properties owned.

IF YOU ARE NOT REQUIRED TO FILE A TAX RETURN YOU MUST SUPPLY PHOTOCOPY PROOF OF ALL SOURCES OF INCOME INCLUDING ALL 1099'S. WE RESERVE THE RIGHT TO REQUEST ADDITIONAL INFORMATION AND/OR AN OFFICIAL TAX RETURN TRANSCRIPT FROM THE IRS.

Approval: If this exemption is approved, the savings will be applied to the December tax bill.

Denial: Notice of Denials will be mailed to applicants by May 1st.

Mandatory Renewal: The Limited Income Disability Exemption must be renewed each year by March 1st. Approved exemptions will automatically receive a renewal application for the following year. Please contact our office if you do not receive your renewal by January 1st.

Receipt: Please complete and return the attached post card "Receipt" with your application. It will be "Date Stamped" and returned to you.

## **LIMITED INCOME DISABILITY EXEMPTION**

### **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 **ALL** important changes/updates. Proof is required for any changes in: **income, ownership, trust, marital status, death, or primary residence.**

To be considered for the Limited Income Disability 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 1<sup>st</sup>, 2022. ALL property owners and spouses are required to sign the application (RP-459C).

**DEADLINE FOR FILING IS NO LATER THAN MARCH 1<sup>st</sup>, 2023.**

**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 on**  
**Limited Income Disability Exemption:**

Office of the Assessor  
631-451-6300

Local Social Security office 1-866-771-1991  
Toll Free 1-800-772-1213



Town of  
Brookhaven  
Long Island

NYS DEPARTMENT OF TAXATION & FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES  
APPLICATION FOR PARTIAL TAX EXEMPTION FOR  
REAL PROPERTY OF PERSONS  
WITH DISABILITIES AND LIMITED INCOMES



Do not file this form with the Office of Real Property Tax Services.  
(General information and instructions for completing this form are contained in RP-459C-Ins.)

1. Name & address of all owners & spouses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Home/Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

3. Date of birth for all owners and spouses of:

\_\_\_\_\_

Mailing address if differs from property address: \_\_\_\_\_

4. Suffolk County Tax Map # \_\_\_\_\_

District Section Block Lot

or Name of Co-op: \_\_\_\_\_ Total shares: \_\_\_\_\_ Shares to the unit: \_\_\_\_\_

5. Does anyone else other than the owners/spouses of, reside at the premise? Yes  No

If Yes, you **MUST** provide all names of adults residing on the premises. STATE NAMES, AGES, & MONTHLY FINANCIAL CONTRIBUTIONS TO THE HOUSEHOLD EXPENSES. \_\_\_\_\_

6. Is any portion of the property used for other than residential purposes (farming, commercial, vacant land, professional office, etc.)? Yes  No  If Yes, describe the portion (%) and purpose of the non-residential use: \_\_\_\_\_

7. Did the owner and/or spouse of owner file an Income Tax Return for the year 2021 or 2022?

Yes  If Yes, attach a photocopy of your **ENTIRE** Federal & NYS Income Tax Returns including **ALL** schedules, and **ALL** supporting 1099's.

No  If No, you must fill in the INCOME WORKSHEET on the back of the application and attach proof of **ALL** income, including **ALL** 1099's. **We may also require official tax return transcript from the IRS.**

8. Did the owner sell a prior residence in 2021 or 2022? Yes  No  If Yes, please enter address, sale date, original purchase price & sale price: \_\_\_\_\_

9. Does the owner or spouse receive Workers' Compensation, third party sick pay or private disability? Yes  No  If Yes, submit a copy of check stub or bank statement showing direct deposit.

10. Does a child(ren), including those of tenants living on the premises currently attend public school in Grades K-12? Yes  No  If Yes, list the names, ages, and locations of schools. \_\_\_\_\_

11. Does the owner or spouse have an IRA account? Yes  No  If Yes, attach a photocopy of your IRA End of Year Income Summary, All Quarterly or Final Yearly Statements, Snapshot, or Performance Summary etc. for **ALL** IRA accounts to provide earnings. (Information is not found on tax return or 1099's).

**Note:** Requested IRA information is NOT found on tax return or 1099's. Must be supplied **WITH OR WITHOUT** distributions.

12. Does the owner and/or spouse of, own any other property in New York, or any other state being claimed as a primary residence, are receiving a residency tax benefit, such as STAR or Homestead Exemption?

Yes  No  If Yes, state the address(es) \_\_\_\_\_

13. Does the owner and/or spouse have a mortgage, reverse mortgage or home equity loan? Yes  No  If Yes, attach a photocopy of your most recent statement.

FILING DEADLINE: MARCH 1<sup>ST</sup>



Town of  
Brookhaven  
Long Island

Department of the Assessor  
One Independence Hill  
Farmingville, NY 11738

FILL IN NAME AND ADDRESS IN BOX BELOW

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INCOME WORKSHEET

To be used by individuals not required to file a Federal or NY State Income Tax Return or to report income, which is not reflected on your Tax Return(s).

**APPLICANTS ARE REQUIRED TO SUPPLY PHOTOCOPIES OF ALL INCOME RECORDED BELOW.**

Please report the income of all owners and/or spouses, except for an owner who is absent from the residence due to divorce, legal separation, or abandonment. Attach additional sheets if necessary. Income does not include gifts, inheritances, a return of capital, reparation monies to victims of Nazi persecution, or earnings through employment in the Federal Foster Grandparent Program.

<b>LIST ALL SOURCES OF YEARLY INCOME BELOW</b>		
<b>(ALL TAXABLE AND NON-TAXABLE INCOME MUST BE REPORTED FOR ALL OWNERS AND THEIR SPOUSES)</b>		
Social Security income (Box 5 of Social Security 1099)	\$	\$
Statement of wages	\$	\$
Pensions & Annuities	\$	\$
IRA income – <u>Must be supplied WITH or WITHOUT any distribution</u> <ul style="list-style-type: none"> <li>• Required document not found on income tax return, 1099 or 5498</li> <li>• Can ONLY be found on IRA End of Year Summary</li> </ul>	\$	
Bank interest (taxable & non-taxable)	\$	
Stock dividends	\$	
Income from Trusts	\$	
Unemployment	\$	
Disability income/ Workers' Compensation / VA Compensation	\$	
Business income	\$	
Rental income to household	\$	
Alimony	\$	
Other	\$	

**SIGNATURES for ALL OWNERS and SPOUSES of,  
are REQUIRED for APPLICATION TO BE COMPLETE.  
FAILURE TO DO SO WILL RESULT IN DENIAL OF THE EXEMPTION.**

I (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.

First Name	M.I.	Last Name	Marital Status	Signature	Date
First Name	M.I.	Last Name	Marital Status	Signature	Date

### TOWN OF BROOKHAVEN LIMITED INCOME DISABILITY EXEMPTION RECEIPT

\_\_\_\_\_

Suffolk County Tax Map # or Name of Co-op

\_\_\_\_\_

Item #

