



**LIMITED INCOME DISABILITY RENEWAL EXEMPTION**  
**INSTRUCTION SHEET**

**Filing Deadline:** MAY BE FILED NOW, UP TO BUT OR NO LATER THAN MARCH 1<sup>st</sup>, 2021.

**\*\*\*\*\*BROOKHAVEN TOWN HALL REMAINS CLOSED TO THE PUBLIC\*\*\*\*\***

**Application Accepted:** **Lobby drop off only:** **By Mail: Must be POSTMARKED no later than March 1<sup>st</sup>.**  
Monday through Friday Assessor's Office / Disability Renewal  
9:00AM to 4:30PM One Independence Hill  
Farmingville, NY 11738

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

**Requirements:**

1. Previously approved for the Limited Income Disability exemption.
2. Combined **TOTAL GROSS** income, (includes ALL taxable and non-taxable income), of ALL owners and spouses cannot exceed **\$37,399.99**.

In addition to the **COMPLETED** and **SIGNED** application,  
The Town of Brookhaven requires **proof of income for all owner & spouse:**

**ALL INCOME SUBMITTED MUST BE FROM THE SAME FILING TAX YEAR OF 2019 OR 2020**

**\*\*\*\*PHOTOCOPY & NOTARY SERVICES ARE NOT AVAILABLE AT TOWN HALL\*\*\*\***

**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)**

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, Snapshot, or Performance Summary 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. If applicant, owner, or spouse of will turn 65 years old by December 31,2021, **you must file RP-425-IVP in addition to renewal application**. Failure to do so will result in a denial of Enhanced Star by NYS Taxation & Finance. Please contact this office for application.

IF YOU FILE AN INCOME TAX RETURN, YOU MUST SUPPLY A COPY OF BOTH FEDERAL & NYS RETURNS WITH YOUR APPLICATION EACH YEAR.

YOU MUST SUPPLY 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 2019 OR 2020

**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.**

**PLEASE PROVIDE LEGAL DOCUMENTATION TO PROVE ANY CHANGES IN INCOME, OWNERSHIP, TRUST, MARRIAGE, DIVORCE, DEATH, OR PRIMARY RESIDENCE.**

**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 1<sup>st</sup>.

**Mandatory Renewing:** **The Limited Income Disability Renewal exemption must be renewed each year by March 1<sup>st</sup>.** Approved exemptions will automatically receive a renewal application for the following year. Please call our office if you do not receive your renewal by January 1<sup>st</sup>.

**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**  
**RENEWAL 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 avoid disruption and to continue to receive your 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>, 2021. ALL property owners and spouses of are required to sign the application (RP-459C RNW).

**DEADLINE FOR FILING IS NO LATER THAN MARCH 1<sup>st</sup>, 2021.**

**\*\*\*\*PHOTOCOPY & NOTARY SERVICES ARE NOT 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 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



NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES
RENEWAL APPLICATION FOR PARTIAL TAX EXEMPTION 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 form are contained in RP-459-C-RNW-Ins.)



1. Name & mailing address of all owners & spouses of:

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

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

3. Date of birth of all owners and spouses: \_\_\_\_\_

4. Suffolk County Tax Map #: \_\_\_\_\_
(not required if preprinted above) District Section Block Lot

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

5. Since filing your application last year, has there been any changes in:

- a. Title of property (due to addition, deletion, or death of owner)? Yes No
b. Legal residence or occupancy of the property (e.g. confinement of owner in hospital, nursing home, divorce, legal separation, or abandonment by spouse)? Yes No
c. Use of residence for other than residential purposes (store, office, farm)? Yes No

6. Is the owner and/or spouse turning 65 years old by December 31, 2021? Yes No If Yes, you must file RP-425-IVP in addition to renewal application.

7. Does a child (or children), including those of tenants living on the premises, attend public school in Grades K - 12? Yes No If there was a child(ren) that resided on the premise and they no longer reside or attend public school from the prior year, an official letter from the school district stating that there are no longer any students registered for school at your address.

8. Does anyone else other than the owners or owner's spouses 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:

9. Did the owner and/or spouse of owner file a Federal Income Tax Return for the year 2019 or 2020? Yes No If Yes, attach a photocopy of your ENTIRE Federal & NYS Income Tax Returns including ALL schedules, and ALL supporting 1099's. If No, you must fill in the INCOME WORKSHEET on the back of the application and attach proof of ALL of income, including ALL 1099's. We may also require official tax return transcript from the IRS.

10. 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.

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 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):

WE RESERVE THE RIGHT TO REQUEST ADDITIONAL INFORMATION AND/OR AN OFFICIAL TAX RETURN TRANSCRIPT FROM THE IRS.

FILING DEADLINE: MARCH 1ST



FILL IN BOX BELOW 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> (ALL TAXABLE AND NON-TAXABLE INCOME MUST BE REPORTED FOR ALL OWNERS AND THEIR SPOUSES)		
Social Security income (Box 5 of Social Security 1099)	\$	\$
Statement of wages	\$	\$
Pensions & Annuities	\$	\$
<b>IRA income – Must be supplied WITH or WITHOUT any distribution</b> <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 <u>End of Year Summary</u></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) certify that all statements made on this application are true and correct to the best of my (our) belief. The property listed on this application is owned by and is my (our) primary residence. I (we) understand it is my (our) obligation to notify the Assessor of any changes; not limited to, relocation, primary residency, marital status, or ownership/deed modifications. I (we) understand it is my (our) responsibility to provide any required documentation of eligibility. I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five (5) years and a fine of not more than \$100.

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  
RENEWAL EXEMPTION  
RECEIPT**

\_\_\_\_\_

Suffolk County Tax Map # or Name of Co-op

\_\_\_\_\_

Item #

