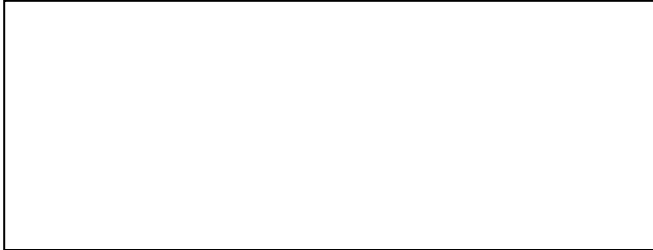




Town of  
Brookhaven  
Long Island



Dear O'65 Partial Renewal Exemption Applicant:

Senior citizens who have received the O'65 Partial Exemption, for 5 consecutive years, and whose total gross income has not changed, may **RENEW** yearly by submitting a completed, notarized affidavit **without** providing proof of income (RP-467-AFF/CTV).

**IF YOU ARE NOT CURRENTLY RECEIVING THE STAR EXEMPTION WITH THE TOWN OF BROOKHAVEN, YOUR STAR EXEMPTION MUST BE FILED WITH THE NYS DEPARTMENT OF TAXATION & FINANCE @ 518-457-2036 OR WWW.TAX.NY.GOV/STAR**

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

**IF NOTARIZING:**

**COMPLETE ATTACHED AFFIDAVIT, SIGN, NOTARIZE, AND RETURN. (INCOME DOES NOT HAVE TO BE SUPPLIED IF NOTARIZED)**

**IF YOU DO NOT WISH TO HAVE THIS FORM NOTARIZED OR, IF YOUR TOTAL GROSS INCOME HAS CHANGED:**

- **ALL OWNERS AND SPOUSES MUST COMPLETE AND SIGN THE AFFIDAVIT**
- **SUPPLY PHOTOCOPIES OF ALL INCOME FROM TAX YEAR 2021 ONLY**

**SUBMIT YOUR ENTIRE STATE & FEDERAL TAX RETURNS WITH SUPPORTING 1099'S AND IRA EARNINGS: YEAR END OR QUARTERLY STATEMENTS SHOWING EARNED INCOME/INTEREST ACCRUED IF APPLICABLE ALL INCOME MUST BE FROM TAX YEAR 2021**

**MAY BE FILED NOW,  
UP TO BUT NO LATER THAN MARCH 1<sup>ST</sup>, 2023.**

**Application Accepted:**

**In Person:**

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

**Mail: Must be POSTMARKED no later than March 1<sup>st</sup>.**

Assessor's Office / Senior  
One Independence Hill  
Farmingville, NY 11738

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

**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 O'65 Partial Renewal Affidavit 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.



## **O'65 PARTIAL RENEWAL AFFIDAVIT**

**IF YOU ARE NOT CURRENTLY RECEIVING THE STAR EXEMPTION WITH  
THE TOWN OF BROOKHAVEN,  
YOUR STAR EXEMPTION MUST BE FILED WITH  
THE NYS DEPARTMENT OF TAXATION & FINANCE  
@ 518-457-2036 OR WWW.TAX.NY.GOV/STAR**

### **KEEPING US INFORMED**

Please remember, when completing your annual renewal 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.**

**IF YOUR GROSS INCOME HAS CHANGED,  
YOU MUST SUPPLY ALL 2021 INCOME WITH THIS AFFIDAVIT**

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

**The Affidavit MUST be NOTARIZED if not submitting income.**

**\*\*\*\*\*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

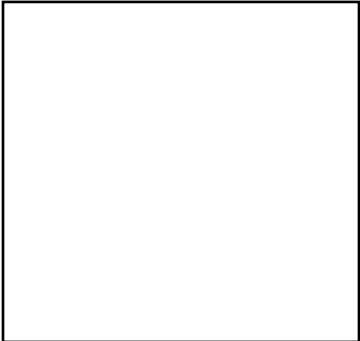
**For information or questions:**  
**Office of the Assessor**  
One Independence Hill  
Farmingville, NY 11738  
631-451-6300



NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES
AFFIDAVIT OF CONTINUED ELIGIBILITY FOR
SCHOOL/TOWN/COUNTY PARTIAL TAX EXEMPTION FOR
REAL PROPERTY OF SENIOR CITIZENS

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-467-AFF/CTV-Ins.)

State of New York:
County of Suffolk:



Name of all owners & spouses:

, being duly sworn depose(s) and say(s)

FILING DEADLINE: MARCH 1ST

- 1. I am/we are the owner(s) of real property located at:
Street address, City/Town of, State of New York.
2. Home/Cell#: Email address:
3. 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. Has there been a change of the total gross income of all owners & spouses for last year?
6. Since filing your application or affidavit last year, please check the appropriate answer below:
a. Has there been a change of ownership?
b. Has there been a change in marital status?
c. Has there been a change in residential use of the property?
7. Are there any school aged children residing on the premises that attend public school in Grades K - 12?
7a. If there was a child(ren) that resided on the premise on your last application 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. Submit the letter with your application to receive exemption off the school line.
8. Does the owners or spouse of, own any other property in New York, or any other state(s) being claimed as a primary residence, are receiving a residency tax benefit, such as STAR or Homestead Exemption?

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN ON BACK & ATTACH DOCUMENTATION

NOTARIZED 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 and 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, and a fine of not more than \$100.

Table with 7 columns: First name, M.I., Last name, Date of birth, Marital status, Signature, Date. Two rows for owner and spouse.

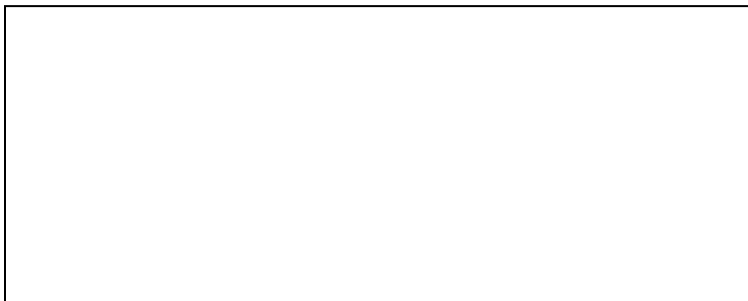
Subscribed to and sworn to before me,
this \_\_\_ day of \_\_\_, 20\_\_

Notary Public or Commissioner of Deeds



Department of the Assessor
One Independence Hill
Farmingville, NY 11738

FILL IN NAME AND ADDRESS IN BOX BELOW



# INSTRUCTIONS

**Form RP-467Aff no longer serves as a dual application for the Enhanced STAR exemption.** Form RP-467AFF/CTV is only used to apply for the Partial tax exemption for real property of senior citizens. It may not be used to apply for the Enhanced STAR exemption, which is a separate exemption. Senior Affidavit applicants filed a MANDATORY form RP-425-IVP provided by the Town of Brookhaven by March 1<sup>st</sup>, 2023. This form was to give the State of New York Department of Taxation and Finance permission to see and approve each year's income for the Enhanced Star portion of your yearly property taxes. Any questions pertaining to the Enhanced Star portion must be directed to the State at [www.tax.ny.gov/STAR](http://www.tax.ny.gov/STAR) or call 518-457-2036. The RP425-IVP form is a ONE TIME FILING, if you have already filed you do not have to file again.

**Instructions to Statement No. 5**

Gross income is arrived by adding all taxable and non-taxable income, including earnings on IRA's. The income for "last year" as used in this statement refers to income received during the income tax year, or, if no income taxes were paid, the calendar year immediately preceding the taxable status date of the assessment roll on which this municipal tax bill is based. Taxable status date in most towns is March 1<sup>st</sup>. \* **Maximum** for Brookhaven Township cannot exceed \$37,399.99. Riverhead SD only, cannot exceed **\$34,399.99**

**Instructions to Statement No. 6**

A previously granted exemption may be continued despite the absence of one owner from the residence provided that (1) an exemption was granted when both the spouses resided in the residence, **and** (2) title is in either or both spouses, or in either or both ex-spouses, and (3) the person remaining in the property is at least 62 years of age, **and** (4) all other requirements of the law are satisfied. Similarly, if this property received exemption last year, but one owner has since died, the exemption may be continued if the surviving spouse is at least 62 years of age. File form RP-467-RNW with the Assessor before the next taxable status date and describe the change(s) in circumstances.

**Instructions to Statement No. 7**

An owner must disclose if any school aged children of the owner, tenant, or lessees reside on the property and attends public school in grades kindergarten through twelfth grade. If there are **NO LONGER** any child(ren) attending public school, an official letter from the school stating that there are no child(ren) registered to your address attending school, must be submitted. If child/children do live at the residence, list the names, ages, and locations of school(s) **BELOW**, in the **REMARKS** portion.

**Instructions to Statement No. 8**

An owner must disclose if there is any other property owned by them in which an exemption is granted, and in which primary residence is claimed to such property.

**Instructions for Signature Section**

The signature section must be signed and notarized by all owners and spouses of. Failure to comply with the above, will result in a denial of the exemption.

**IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ON YOUR AFFIDAVIT,  
PLEASE EXPLAIN & ATTACH DOCUMENTATION**

**REMARKS:**

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**NOTE TO TAX COLLECTOR:** If received, please forward to the **TOWN ASSESSOR'S OFFICE.**

**TOWN OF BROOKHAVEN  
O'65 PARTIAL AFFIDAVIT RENEWAL  
RECEIPT**

\_\_\_\_\_  
**Suffolk County Tax Map # or Name of Co-op**

\_\_\_\_\_  
**Item #**

