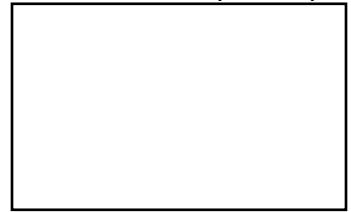




Department of Taxation and Finance  
Office of Real Property Tax Services



**Supplement to Form RP-425-E Mandatory for all Enhanced STAR Applicants**

When applying for the Enhanced STAR exemption, you must submit this form to your Assessor along with your Enhanced STAR application form, proof of income, and residency.

<u>Property identification</u> – Tax Map #: (District-Section-Block-Lot) or Name of Co-op		
<u>Location of property – house # and street name</u>		<u>Unit #</u>
<u>City, Town, or Village</u>	<u>State</u>	<u>Zip code</u>
<u>Name of owner:</u>	<u>Is this your primary residence?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Name of additional owner or spouse:</u>	<u>Is this your primary residence?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Spouse of an owner</u> <input type="checkbox"/> <u>sibling of another owner</u> <input type="checkbox"/> <u>owner</u> <input type="checkbox"/>		
<u>Name of additional owner or spouse:</u>	<u>Is this your primary residence?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Spouse of an owner</u> <input type="checkbox"/> <u>sibling of another owner</u> <input type="checkbox"/> <u>owner</u> <input type="checkbox"/>		
<u>School district:</u>	<u>Email address:</u>	
<u>Is this property held in a:</u>	<u>If the property is held in a trust, what is the legal name of the trust?</u>	
<u>Trust:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<u>Life estate:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<u>Home phone number:</u>	<u>Cell phone number:</u>	

**ALL OWNERS AND OWNER’S SPOUSES MUST PROVIDE THEIR SOCIAL SECURITY NUMBERS & SIGN THE MANDATORY AUTHORIZATION BELOW**  
Failure to do so will result in denial of the Enhanced STAR exemption

**THIS SECTION IS REQUIRED AS PER NYS DEPARTMENT OF TAXATION & FINANCE**

Authorization: I (we) authorize the New York State Department of Taxation and Finance to annually verify, using my (our) Social Security number(s) supplied below, whether my (our) income is less than or equal to the applicable annual income standard for purposes of the Enhanced STAR exemption.

First name	M.I.	Last name	Date of birth	Social Security #	Signature	Date
First name	M.I.	Last name	Date of birth	Social Security #	Signature	Date
First name	M.I.	Last name	Date of birth	Social Security #	Signature	Date

**TOWN OF BROOKHAVEN SWISS CODE: 472200**  
**OWNERSHIP CODE (Enter P for residential or C if this property is a Co-op) \_\_\_\_\_**