



LIMITED INCOME DISABILITY EXEMPTION INSTRUCTION SHEET

Filing Deadline: MAY BE FILED NOW, UP TO BUT NO LATER THAN MARCH 1st, 2024.

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, farm home, condominium, or Co-op. 2. All owners and spouse of must be under the age of 65 (prior to December 31st, 2024). 3. All owners must have a physical or mental impairment, not resulting from use of alcohol or illegal drug use, substantially limiting that person's ability to engage in one or more major life activities. 4. Combined Federal Adjusted Gross Income (subject to adopted revisions of income), of ALL owners and spouses cannot exceed \$58,399.99. (Adopted by each municipality)

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 for house or condominium. IF PURCHASED WITHIN THE LAST 6 MONTHS. b) Bill of Sale for Greenwood Village. c) Certificate of Shares for Co-op. *Note: If ownership is in a "Trust", include a copy of the Trust. 2. To prove disability, a letter from one of the following agencies is required for each disabled applicant: **LETTER MUST BE DATED WITHIN 6 MONTHS OF APPLICATION. a) Social Security Notice of Award (Letter of verification of benefits). b) Railroad Retirement Board certifying disability benefits. c) Certification Letter from the State Commission for the Blind & Visually Handicapped. d) Award letter from U.S. Postal Service certifying disability pension. e) Award letter from U.S. Department of Veterans Affairs certifying 100% disability compensation. 3. To prove age, you must provide one of the following for each applicant: a) NYS Driver's License or NYS Non-Driver ID b) Birth Certificate c) Passport 4. To prove residency, you must provide one of the following for each applicant: a) NYS Driver's License or NYS Non-Driver ID b) Car Registration c) Voter's Registration Card 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. Non-resident owners must show proof of residency of where they reside.

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

TO PROVE FEDERAL ADJUSTED 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 FOR THE 2022 TAX YEAR, WE CANNOT ACCEPT 2023

- IF YOU FILE AN INCOME TAX RETURN YOU MUST SUPPLY A COPY OF YOUR FEDERAL RETURN WITH COPIES OF YOUR 1099'S FOR ITEM 2 OF THE LIST ON THE RIGHT. ALL OWNERS & SPOUSES, MUST ATTACH PROOF OF INCOME FOR 2022. 1. Copy of the ENTIRE 2022 Federal Income tax return including ALL schedules & 1st page NYS. 2. Copy of Social Security, IRA, Pension, Annuity, interest, dividends, & unemployment 1099's. 3. Copy of all W-2 showing salary & tips received. 4. Proof of any rental or business income. 5. Applicants must report any income towards household expenses from anyone living on premises (rent from family members, friends, or tenants) if not reported on the 1040. 6. Copy of most recent mortgage, reverse mortgage, or home equity loan statement. 7. Proof of sale for prior residence if sold in 2022 or 2023. 8. 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 1st, 2024. ALL property owners and spouses are **required** to sign the application (RP-459C).

DEADLINE FOR FILING IS NO LATER THAN MARCH 1st, 2024.

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

Thank You,

FELIX WIENCLAW
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
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 a Federal Income Tax Return for the year 2022?

Yes [] If Yes, attach a photocopy of your ENTIRE Federal Income Tax Return including ALL schedules, and ALL supporting 1099's & 1st page of NYS.

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 2022 or 2023? Yes [] No [] If Yes, please enter address, sale date, original purchase price & sale price: _____

9. 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 name, age of the child(ren), and location of school. _____

10. 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) _____

11. 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 1ST



FILL IN NAME AND ADDRESS IN BOX BELOW

Empty box for name and address

INCOME WORKSHEET

To be used by individuals not required to file a Federal Income Tax Return

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

Please report **ALL** income of **ALL** owners and/or spouses, except for an owner who is absent from the residence due to divorce, legal separation or abandonment. (Provide proof)

Enter the amounts below that would have been reported if you were required to file a federal or state income tax return (round to the nearest whole dollar). To round to the nearest dollar, drop amounts that are less than 50 cents (for example, \$1.39 becomes \$1) or increase amounts that are 50 cents or more to the next dollar (for example, \$2.50 becomes \$3.).

Social Security benefits (attach SSA1099's).	1.
Total wages, salaries, and tips (attach W-2's).	2.
Total Pensions & Annuities (attach all form 1099-R's).	3.
Total IRA distributions (attach all form 1099-R's).	4.
Total interest income & dividends (attach all form 1099's).	5.
Unemployment compensation (attach form 1099-G).	6.
Rental income to household (attach rent receipts).	7.
Alimony (attach proof of payment).	8.
Business income (attach proof).	9.
Capital gains.	10.
Other income (ex. Gambling winnings).	11.
List the types of other income on line 11:	
Add lines 1 through 11 and enter on line 12	12.

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

**TOWN OF BROOKHAVEN
LIMITED INCOME DISABILITY EXEMPTION
RECEIPT**

Suffolk County Tax Map # or Name of Co-op

Item #

