



Town of
Brookhaven
Long Island

ELIGIBLE FUNDS VETERANS SUPPLEMENT EXEMPTION
INSTRUCTION SHEET

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

<u>Applications Accepted:</u>	<u>In Person:</u>	<u>Mail: Must be POSTMARKED no later than March 1st</u>
	Monday through Friday 9:00AM to 4:30PM	Assessor’s Office / Veterans One Independence Hill Farmingville, NY 11738 Attn: Veterans Exemption

WHEN MAILING, REGISTERED/RETURN RECEIPT IS RECOMMENDED

In addition to the **COMPLETED** and **SIGNED** application
The Town of Brookhaven requires **PHOTOCOPIES** (NO ORIGINALS) of the following:

- Submit Photocopies:**
1. Completed, signed, and notarized application.
 2. Photocopy for proof of additional funds being applied for.
(ex. Insurance dividends, disability, etc....)
 3. Photocopy for proof of how such funds were used.
****see back of application for list of acceptable uses****

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

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.

Renewing: The Eligible Funds Veterans Exemption does have to be renewed each year. This exemption will remain on your property until there is a change of ownership.

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

PLEASE PROVIDE LEGAL DOCUMENTATION TO PROVE CHANGE OF OWNERSHIP DUE TO TRUST, MARRIAGE, DIVORCE, OR DEATH.



Town of
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ELIGIBLE FUNDS VETERANS SUPPLEMENT

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: **ownership, trust, marital status, death, or primary residence.**

To be considered for the Eligible Fund Supplement 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. ALL property owners and spouses are required to sign the application (RP-458 SUPP).

DEADLINE FOR FILING IS NO LATER THAN MARCH 1st.

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

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

Thank you,

FELIX WIENCLAW

Assessor

For information or questions:

Office of the Assessor
631-451-6300

Veterans Service Agency

Riverhead	631-852-1410
Hauppauge	631-853-8387
Stony Brook	631-444-8759

Town of Brookhaven Veteran Service Agency

631-451-6574 by appt. only
9:00 am – 4:00 pm lunch 12:00 pm – 1:00 pm



ELIGIBLE FUND VETERANS SUPPLEMENT APPLICATION

FILING DEADLINE: MARCH 1ST

1. Name of all owners & spouses: _____

2. Address: _____

3. Date of birth of all owners & spouses: _____

4. Home/Cell #: _____ Email: _____

5. SCTM #: District _____ Section _____ Block _____ Lot _____

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

6. Amount of previous funds allowed: \$ _____

A. Type of funds: _____

ATTACH PHOTOCOPY PROOF OF ABOVE CLAIMED FUNDS

(ei. Insurance dividends, compensation, disability, etc.)

B. **ATTACH PHOTOCOPY PROOF OF HOW SUCH FUNDS WERE USED**

(see list of acceptable uses on side 2 of application)

7. Amount of additional claimed funds: \$ _____

8. New total amount of eligible funds: \$ _____

**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) 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

State of New York:
County of Suffolk:

Subscribed to and sworn to before me,
this _____ day of _____, 20____



Notary Public or Commissioner of Deeds

AFFIX STAMP IN BOX ABOVE



FILL IN NAME AND ADDRESS IN BOX BELOW



ACCEPTABLE USES FOR ELIGIBLE FUNDS
(SEE ITEM 3 OF INSTRUCTIONS)

ITEMS ALLOWED (MUST BE DATED WITHIN 1 YEAR OF APPLICATION):

1. DRIVEWAYS, SIDEWALKS, PATIO, OR DECKS
2. ADDITIONS AND EXTENSIONS (WITH BUILDING PERMIT)
3. CERAMIC TILE
4. NEW ROOFING OR SIDING
5. FENCING
6. NEW CESSPOOLS
7. NEW HEATING SYSTEMS
8. EXTERIOR PAINTING
9. LEADERS AND GUTTERS
10. IN-GROUND POOL
11. INSULATION
12. NEW STORM WINDOWS OR DOORS
13. PROOF OF MAINTENANCE FEES PAID
(CONDO'S, CO-OP'S, OR HOA)
14. PROOF OF PRINCIPAL PAID ON MORTGAGE

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

****PHOTOCOPIED PAID RECEIPTS ARE REQUIRED
TO PROVE ALL IMPROVEMENTS****

ITEMS NOT ALLOWED:

1. LANDSCAPING
2. PORTABLE BUILDINGS
3. ABOVE GROUND POOLS
4. INTERIOR PAINTING, WALLPAPERING, OR DECORATING
5. APPLIANCES, FIXTURES, AND CABINETS
6. PANELING
7. WALL TO WALL CARPETING
8. INSIDE ALTERATIONS, REPAIRS, OR MAINTENANCE

**TOWN OF BROOKHAVEN
ELIGIBLE FUNDS VETERANS SUPPLEMENT
RECEIPT**

Suffolk County Tax Map # or Name of Co-op

Item #

