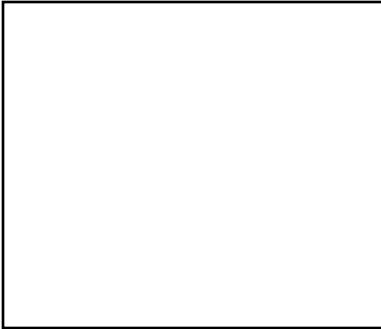




NYS BOARD OF REAL PROPERTY SERVICES APPLICATION FOR REAL PROPERTY TAX EXEMPTION NONPROFIT ORGANIZATIONS II – PROPERTY USE

(See general information and instructions on back form) Do not file with the State Board of Real Property Services.



1a. Name of Organization: _____

d. Name of contact person: _____

b. Mailing Address: _____

e. Telephone # of contact person: Day: _____ Cell: _____

c. Employer ID #: _____

f. Email address: _____

2a. Suffolk County tax map number (district/section/block/lot): _____

b. Property address: _____

3a. Has any part of this property been conveyed to another person or organization? Yes [] No []

b. Is the property or any part thereof under contract for sale? Yes [] No []

c. Is the property or any part thereof for sale? Yes [] No []

d. If answer to 4 a, b, or c is yes, give full details (indicate question letter): _____

4. Name of grantee as set forth in the deed by which property was acquired if different from answer to question 1a. _____

5. If the property was acquired within the last three (3) years, indicate: Date of acquisition: _____

Deed recording information – Book of Deeds: _____ Page: _____

6. Was the property acquired from anyone who has or had any interest in the owning organization (e.g., officer, director, employee, member, etc.)? Yes [] No []

If yes, explain the relationship and circumstances of sale (including purchase price and terms of sale) _____

7. Is the property mortgaged? Yes No
- a. If yes, does the holder of the mortgage presently (or did it formerly) have any interest in the owning organization? Yes No
- b. If answer to 7a is yes, explain the relationship and details of mortgage(s), original principal amount, principal currently outstanding, interest rate, original term of mortgage, and term remaining: _____
- _____
- _____
- (attach additional sheets if necessary)

8. Does any person or organization have a reversionary interest in this property? Yes No
- a. If yes, indicate name and address of such person and state terms of right of reverter: _____
- _____

9. Describe, in detail, use or uses of the property: _____
- _____

IF THE ORGANIZATION SEEKING EXEMPTION HAS INDICATED ONE OF IT'S CORPORATE PRUPOSES IS HOSPITAL IN QUESTION 2a ON THE FORM RP-420-ORG, ANSWER QUESTION 10. IF NOT SKIP TO 11.

10. Are the premises or any portion thereof leased or otherwise occupied as professional offices? Yes No
- If yes, answer a through c.
- a. The professional office are leased or otherwise occupied by: (1) members of the staff, e.g, doctors
 (2) professionals not on the staff of the hospital (3) a combination of 1 and 2
- b. If leased to members of the staff, are the offices used: (1) solely for hospital related matters
 (2) for the private practice of the staff members (3) a combination of 1 and 2
- c. If not used solely for direct-hospital related purposes, what percentage of time and space are the offices used for direct hospital-related purposes, and what percentage of time and space they used for private practice of the staff? _____

11. Is the property or any portion thereof regularly occupied by persons or organizations other than applicant? Yes No
- If yes, answer a through d.
- a. Name of occupant(s) _____
- b. Use by occupants(s) (also indicate specific portion of property so occupied): _____
- _____
- c. Term(s) of occupancy (e.g. one- year lease, month-to-month tenancy): _____
- d. Amount of rental paid by occupant(s): _____

12. Is the property or any portion thereof occasionally used by persons or organizations other than the applicant? Yes No
- a. If yes, state use and indicate specific portion of property used, frequency of use and fee charged or contributions received for use: _____

13. Are there any buildings or other improvements on the property? Yes No

If yes, skip questions a through e. If no, answer a through e and skip questions 14-15.

- a. Use or uses of property if not described in question 9. _____
- b. Are building or other improvements contemplated on this unimproved land? Yes No
If yes, give full details including proposed use(s): _____
- c. Do the minutes of the organization contain a resolution(s) authorizing contemplated building or other improvements? Yes No
If yes, attach a copy of the resolution(s).
- d. State detailed financial resources for contemplating buildings or other improvements (including building fund). _____
- e. When will construction begin? _____

14. Describe, briefly, the building(s) or other improvements: _____

- a. Approximate acreage of land not underlying buildings or other improvements: _____
- b. Use or uses of land referred t t in 14a. if not described in question 9. _____
- c. Are buildings or other improvements contemplated on this unimproved land? Yes No
If yes, give full details including proposed use(s): _____
- d. Do the minutes of the organization contain a resolution authorizing contemplated buildings or other improvements? Yes No If yes, attach copy of resolution(s)
- e. State financial resources for contemplated buildings or other improvements (including building fun). _____
- f. When will construction begin? _____

15. Are there any unoccupied buildings or other improvements on this property? Yes No

- a. Date(s) they became unoccupied: _____
- b. Describe contemplated use(s) of the buildings or other improvements: _____

VERIFICATION

State of New York

ss:

County of _____

_____, being duly sworn, says that ___he is the _____ of the applicant organization, that the statements contained in the application (including the attached sheets consisting of ___ pages) are true and correct and complete, and that ___he makes this application for real property tax exemption as provided by law.

Subscribed and sworn to before me this ___ day of _____ 20___

Signature of owner or authorized representative

Commissioner of Deeds or Notary Public

Affix Stamp here

GENERAL INFORMATION AND FILING REQUIREMENTS**Filing Deadline:** MAY BE FILED NOW, UP TO BUT NO LATER THAN MARCH 1st, 2023.**Applications Accepted:** **In Person:**Monday through Friday
9:00 AM to 4:30 PM**Mail: Must be POSTMARKED no later than March 1st**Assessor's Office/Nonprofit
One Independence Hill
Farmingville, NY 11738******NOTARY SERVICES ARE AVAILABLE AT THE TOWN********Tax exemption for Nonprofit Organizations under section 420-a of the Real Property Tax Law****Filing requirements:** Real property owned by a corporation or association organized or conducted exclusively for religious, charitable, hospital, educational, or moral or mental improvement of men, women, or children, or for two or more such purposes, and used exclusively for carrying out thereupon one or more such purposes, is exempt from taxation.**First time filing application:** For the property to be granted tax exempt status on the tentative assessment roll, the Assessor must be satisfied that the statutory standards are met. This can be most readily accomplished through each submission of the State Board's forms:

1. Form RP-420-A-Org or Form RP-420-b-Org (I-Organization purpose)
2. Form RP-420-A/B-Use (II-Property Use) each property needs to be filed separate
3. Form RP-420-A/B-Org Schedule A

Submit photocopies of:

1. Copy of Recorded Deed if purchased within the last 6 months.
2. Copy of Federal/State Income tax return/financial statements for the last 3 years if filed.
3. Copy of 501 (c) 3.
4. Copy of Certificate of Incorporation.
5. Copy of By-laws.
6. List of Board of Trustees, titles, & contact information.
7. Hand out of services or bulletins if a place of worship. Literature of services rendered/operations/goals/objectives of the organization and website information.
8. Copy of education transcripts, ordination papers, or diploma from religious institution where education received for the head officiant of religious organization.

Not for Profits applicants who have established an exempt status in the Town of Brookhaven are required to file for a new property:

1. Form RP-420-A/B-RNW I Organization Purpose Renewal
2. Form RP-420-A/B-USE Property Use for each new property

If you need more space for any item in the application, attach additional sheets and indicate the question(s) to which you're responding to. Please write your name and employer identification number on all attachments. The Assessor may request information in addition to the information contained in the application.

Filing application: Please answer **ALL** questions on each application, sign, & notarize where indicated. Provide the latest contact information, phone number, cell number, email address, and mailing address. Application for exemption from city, town or village taxes should be filed with the city, town, or village Assessor. Application for exemption from county or school district taxes should be filed with the city or town Assessor who prepares the assessment roll used in the levying of county or school taxes.

Mandatory Renewing: **The Non-Profit Renewal (RP-420A/B-RNW-I & RP420A/B-RNW-II for each parcel) Exemption must be renewed each year by March 1st.** 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 1st.

Do not file with the State Board of Real Property Tax Services.

Approval: If this exemption is approved, the savings will be applied to the **December 2023 tax bill.**

Denial: Notice of Denials will be mailed to applicants by May 1st.

For information or questions: Assessor's office Reception (631) 451-6300.