



**MANDATORY AUTO RENEWAL INCOME VERIFICATION PROGRAM
FOR ALL ENHANCED STAR APPLICANTS**

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

Location of Property

Property Identification – Tax Map #: (District-Section-Block- Lot) or Name of Co-op		
Location of Property – House # and Street Name		Unit #
City, Town, or Village	State	Zip Code
Name of owner:	Is this your primary residence?	
Name of additional owner or spouse:	Is this your primary residence?	
Spouse of an owner <input type="checkbox"/> Sibling of another owner <input type="checkbox"/> Owner <input type="checkbox"/>		
Contact Name:	Email Address:	
Home/Cell#:		

**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

<p>TOWN OF BROOKHAVEN SWISS CODE: <u>472200</u></p> <p>OWNERSHIP CODE (Enter <u>P</u> for residential or <u>C</u> if this property is a Co-op) _____</p>
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