



2024-2025 Senior Citizens’ Property Tax Exemption
Application – NYS RPTL 467

(Nassau County does not charge a fee to file this application.)
Any alteration of this application may result in a denial.

Property Address

House Number & Street: Apt. Number:

City: State: Zip Code:

Property Identification SECTION BLOCK LOT CA # or BLDG. # TAX UNIT #
For Condos & Co-ops only

Table with 4 columns: Names of ALL Owners (as recorded on Deed/Certificate of Shares), Date of Birth, Marital Status, Social Security Number. Contains 3 empty rows for data entry.

Table with 2 columns: Name of any Non-Owner Spouse, Address (if different from property address). Contains 2 empty rows for data entry.

Telephone Number: Home () Cell ()

E-Mail Address:

Proof of Ownership (Indicate ALL documents that apply and attach with this application. Co-op owners must provide the CERTIFICATE OF SHARES.)

Deed or Certificate of Shares Entire Trust (If property is in a Trust) Other:

* If any owner appearing on any proof of ownership or the spouse of any owner is deceased, a Death Certificate must be attached to this application.

DATE YOU ACQUIRED OWNERSHIP OF PROPERTY:

Proof of Age (Indicate documents submitted for ALL owners)

Birth Certificate Driver’s License Passport Naturalization Papers Other:

Proof of Residency (Indicate documents submitted for ALL owners)

2022 SSA-1099 (Showing Name and Address) NYS Car or Voter Registration 2022 NYS Resident Income Tax Return

a. Do all owners presently reside on the property to be exempted? Yes No

b. Is an owner, non-resident owner or ex-spouse absent from the residence? Yes No

* If you checked “YES,” please provide a copy of your Divorce Decree, Separation Agreement or Notarized Abandonment with this application.

c. Is an owner receiving medical care as an inpatient in a health care facility? Yes (Date admitted): No

* If you checked “YES”, you must submit a letter from the facility showing the date of admission and the cost incurred with this application.

d. Is any portion of the property used for purposes other than residential, such as commercial, or professional offices? Yes No

* If you checked “YES”, explain such use and describe the portion that is used.

List the address(es) of all real estate that you own, either entirely or in part. (Attach Schedule E and Property Tax Bill (s) for each property)

List the name and address(es) of any business you own, either entirely or in part. (Attach Schedule C or Business Dissolution documentation)

Does a child (or children), including those of tenants, reside on the property and attend a public school in Grades Pre-K to 12? Yes No * If you checked “YES”, you must obtain a letter from the school verifying the student’s enrollment.

Table with 3 columns: NAME(S) of NON-OWNER adults & children living in Household, AGE, Dollar Amount of Rent/Contribution to Household per MONTH. Contains 4 empty rows for data entry.

STATEMENT OF INCOME

COPIES of your entire 2022 Personal, Business FEDERAL and STATE Income Tax Returns (with schedules) must be attached to this application.

If you do not file a Federal Income Tax Return or are attaching a copy of a self-prepared return, you may be required to submit an IRS printout of your [Wage and Income Transcript](#) to verify all taxable and non-taxable income.

IMPORTANT: If you do not file a Federal/State Income Tax Return or are attaching a copy of a self-prepared return, you must attach documentation for any amounts entered in this section with the application.

SOURCES OF 2022 INCOME FROM ALL OWNERS & OWNER’S SPOUSE	AMOUNT
Total wages, salaries, and tips	
Total interest income and dividends	
Unemployment compensation	
Total IRA distributions	
Total pensions and annuities other than IRA’s	
Total Social Security benefits	
Other Incomes	
TOTAL OF ALL INCOME	\$

Nassau County currently allows a deduction for [UN-REIMBURSED](#) medical and prescription drug expenses.

ALL SUPPORTING DOCUMENTS, AS LISTED BELOW, MUST BE ATTACHED OR THE AMOUNTS ENTERED BELOW WILL NOT BE DEDUCTED.
CANCELLED CHECKS WILL NOT BE ACCEPTED AS PROOF OF UN-REIMBURSED EXPENSES.

PLEASE CHECK BOX AND ATTACH COPIES OF ANY PAYMENTS MADE IN 2022	AMOUNT
<input type="checkbox"/> Printout or Statement from the Doctor’s/Dentist’s office of ALL Payments and Co-Payments	
<input type="checkbox"/> Printout or Statement of Medicare Premium or Receipt for payment of Private Health Insurance Premiums	
<input type="checkbox"/> Printout or Statement of payments from the Pharmacy and/or Out-of-Pocket Eye/Eyeglass Expenses	
<input type="checkbox"/> Letter from Health Care Facility stating date of admission, discharge, and un-reimbursed expenses for owner’s care	
TOTAL UN-REIMBURSED EXPENSES	\$

CERTIFICATION (All Owners Must Sign)

I (We) certify that all statements made on this application are true and correct to the best of my (our) belief and I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, and a fine of not more than \$100.

Signature of Owner 1

Date

Signature of Owner 2

Date

Signature of Owner 3

Date

Signature of Attorney-in-fact *

Date

* If signed by an Attorney-in-fact, a COPY of the Power of Attorney must be included with this application.

FOR ASSESSOR’S USE ONLY

Ownership received ☐

Age received ☐

Residency received ☐

Income received ☐

Gross Income	
Un-Reimbursed Medical Deduction	-
VA Disability Deduction	-
PARTIAL TAX EXEMPTION NET INCOME	\$

DATE:

☐ APPROVED ☐ DENIED

Assessor’s Signature/Stamp:

ADDITIONAL SHEETS FOR COMMENTS ATTACHED ☐ YES ☐ NO

Exemption applications for the 2024-25 property tax year must be filed with the Nassau County Department of Assessment by **January 2, 2024**.