



NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR PARTIAL EXEMPTION FOR REAL
PROPERTY OF PEOPLE WHO ARE PHYSICALLY DISABLED

(General information and instructions for completing this form are contained in Form RP-459-INS)

1. Name and telephone no. of owner(s)
2. Mailing address of owner(s)
Day No. ()
Evening No. ()
E-mail address (optional)

3. Location of property (see instructions)
Street address
City/Town
Village (if any)
School District
Property identification (see tax bill or assessment roll)
Tax map number or section/block/lot:

SECTION 1:

- 4. Is the property a one, two or three family residence?
Does a disabled person reside in the residence?

If answer to either question is no, do not complete the remainder of this form.
Property is not eligible for exemption.

5. Name of disabled person:
Relationship to owner of property:
6. Description of nature of disabled person's permanent physical impairment which substantially limits one or more major life activities (e.g. walking):
7. Description of improvement to property:
8. Date of completion of improvement:
9. Cost of improvement:

IF DISABLED PERSON IS LEGALLY BLIND, ATTACH CERTIFICATE FROM STATE COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED AND ANSWER QUESTION 10, OR HAVE PHYSICIAN COMPLETE SECTION 2. IF DISABLED PERSON IS SUFFERING FROM A PERMANENT PHYSICAL DISABILITY OTHER THAN BLINDNESS, HAVE PHYSICIAN COMPLETE SECTION 2 AND DO NOT ANSWER QUESTION 10.

10. Explain how improvement facilitates and accommodates disabled person's use and accessibility of residence.

I certify that all statements made above are true and correct.

Signature of Owner (or Owner's Representative*)
Date

*If owner is physically unable to complete this form, it may be completed by the owner's spouse, child or parent, or by some other representative of the owner. Explain representative's relationship to the owner.

SECTION 2:

- 1. _____
Physician's name New York State License no. Date of Issue
- 2. Office address: _____
- 3. Patient's name: _____
- 4. Patient's address: _____
- 5a. Does patient have a permanent physical impairment which substantially limits one or more major life activities (e.g. walking)? Yes No
- b. If yes, description of patient's permanent physical disability: _____

- 6. Explain how improvement to real property facilitates and accommodates patient's use and accessibility of property: _____

I certify that all statements made in this section are true and correct to the best of my knowledge and professional belief.

Signature of physician

Date

SPACE BELOW FOR ASSESSOR'S USE

Date application filed _____ Application approved Application disapproved
Applicable taxable status date _____

(a) Assessed valuation of parcel including value attributable to improvements made to facilitate use and accessibility of property by physically disabled person..... \$ _____

(b) Assessed valuation of parcel excluding value attributable to improvements made to facilitate use and accessibility of property by physically disabled person..... \$ _____

Assessed valuation of exemption granted [(a) less (b)] \$ _____

Exemption applies to taxes levied by or for: _____
Name of county, city, town, village or school district granting exemption

Date

Signature of assessor