



2025-2026 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.

Exemption applications for the 2025-26 property tax year must be filed with the Nassau County Department of Assessment by January 2, 2025.

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

Names of ALL Owners (as recorded on Deed/Certificate of Shares)	Marital Status	Social Security Number	Date of Birth

Name of any Non-Owner Spouse	Marital Status	Social Security Number	Date of Birth
Address (if different from property address)			

Telephone Number: Home () _____ Cell () _____

E-Mail Address: _____

Contact info of someone who can assist you (Third Party Notification):

Name	Relationship	Phone #

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)

2023 SSA-1099 (Showing Name and Address) NYS Car or Voter Registration **2023** 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)

Do any 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.*

STATEMENT OF INCOME

COPIES of your entire **2023** Federal Form 1040, and New York State Income Tax Returns Form IT-201 (with schedules) must be attached to this application. Social Security 1099 & Schedule 1 must be included, if applicable.

Even 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. Call the IRS for an appointment at 1-844-545-5640. If document does not say "Wage & Income Transcript", it is not the correct transcript.

IMPORTANT: You must attach documentation for any amounts entered in this section with the application.

SOURCES OF 2023 INCOME FROM ALL OWNERS & OWNER'S SPOUSE	AMOUNT
Salary or Wages <i>(W-2's including Self-Employment)</i>	
Taxable & Non-Taxable Interest/Dividends <i>(All 1099-INT, 1099-DIV and Year-End Statements)</i>	
Unemployment compensation	
Disability/Worker's Compensation/Unemployment <i>(1099-G or Award Letter)</i>	
IRA Total Distribution(s) <i>(1099-R)</i>	
Pensions & Annuities other than IRAs <i>(1099-R statements and include taxable & non-taxable pensions)</i>	
Gross Social Security <i>(Complete copy of SSA-1099 showing name and address)</i>	
VA Disability Pension(s) or Surviving Spouse Disability Pension <i>(Award Letter)</i>	
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**. ALL DOCUMENTS MUST SHOW FACILITY NAME, PATIENT NAME AND SHOW PAYMENT RECEIVED BY THAT OFFICE.

CANCELLED CHECKS, RANDOM PHARMACY RECEIPTS, BANK & CREDIT CARD STATEMENTS & INSURANCE EXPLANATION OF BENEFITS **WILL NOT BE ACCEPTED AS PROOF OF UN-REIMBURSED EXPENSES**.

PLEASE CHECK BOX AND ATTACH COPIES OF ANY PAYMENTS MADE IN 2023	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 <input type="checkbox"/>	Gross Income	
Age received <input type="checkbox"/>	Un-Reimbursed Medical Deduction	-
Residency received <input type="checkbox"/>	VA Disability Deduction	-
Income received <input type="checkbox"/>	PARTIAL TAX EXEMPTION NET INCOME	\$

DATE: _____ APPROVED DENIED Assessor's Signature/Stamp: _____

ADDITIONAL SHEETS FOR COMMENTS ATTACHED YES NO