

AFFIDAVIT FOR EXEMPTION OF REAL PROPERTY:
MINISTER, PRIEST, RABBI OR WIDOW

TO THE ASSESSOR OF THE COUNTY OF NASSAU
STATE OF NEW YORK)

§ :

COUNTY OF NASSAU)

NAME: _____ being duly sworn deposes and says:

INSTRUCTIONS: Answer ALL questions. Strike out words or sentences not applicable. Applicant signature and notarizing required. Return along with application RP-460 to Assessor's office.

1) That applicant is the owner of real property situated in _____, County of Nassau, State of New York, which property is described on the assessment roll of the County of Nassau as follows: County Land and Tax Map: Section _____ Block _____ Lot _____ and that the deed for said property was dated _____ and was recorded in the office of the Clerk of the County of Nassau on _____ in Liber _____ Page _____.

2) That applicant is an actual resident and inhabitant of _____, County of Nassau, State of New York.

3) That applicant is engaged in ministerial work assigned by _____ (Church/Temple or Denomination, to which applicant belongs) and that applicant's principal occupation is such work. (Attach a copy of ministerial certification, ordination or equivalent. Disregard if previously submitted.)

4) Name and Address of House of Worship where duties are performed: (MUST be updated yearly)

NAME: _____

ADDRESS: _____

5) That applicant also owns ANOTHER real property, OTHER than the real property you are applying for with this application, located at: (supply COMPLETE address)

6) Do you receive an exemption on OTHER house (or real property) mentioned in number 5?
Yes _____ No _____

7) That applicant is disabled by impaired health from the performance of such duties.
Yes _____ No _____

(ATTACH DOCUMENTATION – EX: Physician's Statement. Must be updated yearly)

8) That applicant is more than seventy years of age. M M/DD / YY _____ / _____ / _____

(ATTACH DOCUMENTATION – EX: Birth Certificate or License. Disregard if previously submitted.)

9) That applicant is the widow/widower of _____, who was a resident of _____, County of Nassau, State of New York and who was a clergyperson of the _____ (Church/Temple or Denomination) located at _____, County of Nassau, State of New York, and who at the time of his/her death was receiving or was lawfully entitled to receive exemption, under the provisions of the Tax Law of the State of New York, and that the widow/widower has not remarried. (If not previously receiving an exemption, widow/widower must supply documentation regarding spouse's ministerial certification.)

Subscribed and sworn to before me,
this _____

(Signature of Applicant)

day of _____ 20 _____

(Print Name)

(Notary Public Signature and Stamp)