

**EXEMPTION & ABATEMENT
APPLICATION FOR OWNERS**

Mail to: NYC Department of Finance, P.O. Box 3120, Church Street Station, New York, NY 10008-3120. Fax to: 212-361-7799

Instructions: Owners are eligible for several exemption programs that will reduce their property taxes. This application can be used to apply for the following exemption programs: Basic and Enhanced STAR (School Tax Relief), the Senior Citizen, Veteran, Disabled, and Clergy exemptions and the Co-op/Condo abatement program. Read the instructions carefully for further information on how to complete this application.

SECTION I - OWNER INFORMATION

List the names of all owners of the property, as shown on the deed or proprietary lease, or, if applicable, the owner(s) of a life estate in the property. Attach a separate sheet if the property has more than two owners.

1. Owner #1's Name:

a. _____ b. _____
FIRST NAME LAST NAME

c. Is this Owner #1's primary residence? ☐ YES ☐ NO

d. Social Security #: _____ e. Date of Birth: _____
MM DD YY

f. ☐ Check here if the applicant is the owner of a life estate in the property.

2. Owner #2's Name:

a. _____ b. _____
FIRST NAME LAST NAME

c. Is this Owner #2's primary residence? ☐ YES ☐ NO

d. Social Security #: _____ e. Date of Birth: _____
MM DD YY

f. ☐ Check here if the applicant is the owner of a life estate in the property.

3. Are owners #1 and #2 husband and wife, siblings
or registered domestic partners?

☐ YES ☐ NO

SECTION II - PROPERTY INFORMATION

1. Address: a. _____ b. _____ c. _____
HOUSE # STREET NAME APT. #

2. Borough: _____ 3. Block #: _____ 4. Lot #: _____ 5. Zip Code: _____

6. When did you purchase your property? _____
MM DD YY

7. ☐ I am filing for an exemption

8. ☐ I am filing for a co-op/condo abatement

9. If the property is in a cooperative development, how many shares does the apartment contain? _____

10. Management Company/Agent Contact Information:

a. _____ b. Telephone Number: _____
NAME OF MANAGEMENT COMPANY Daytime

c. _____ d. _____ e. Zip Code: _____
HOUSE # STREET NAME

f. _____ g. _____
AGENT'S FIRST NAME AGENT'S LAST NAME