



# APPLICATION FOR CHANGE IN EXEMPTION STATUS

**Mail to:** NYC Department of Finance, Homeowner Tax Benefits, Compliance Unit  
59 Maiden Lane, 24th Floor, New York, NY 10038

**FAXES WILL NOT BE ACCEPTED**

**INSTRUCTIONS:** This application can be used to report a change in exemption status, including: The property is no longer used as your primary residence, you have a change in income or there is a change in your Veterans disability percentage. This application cannot be used to request a new exemption. For such requests, you would have to use the Exemption Application for Owners.

## SECTION 1 - PROPERTY INFORMATION (Cooperatives - please indicate apartment #)

Owner's Name: \_\_\_\_\_  
FIRST NAME LAST NAME

Address: \_\_\_\_\_  
HOUSE NUMBER STREET NAME APT

Borough: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

## SECTION 2 - THE PROPERTY IS NO LONGER USED AS A PRIMARY RESIDENCE

Please check the box and provide the date as requested.

I certify that the above property is no longer used as my primary residence as of \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Please remove all personal exemptions.  
MONTH DAY YEAR

**If you are requesting your personal exemptions be removed for prior tax years, you will be charged a \$500 processing fee in addition to the adjusted property tax and interest due.**

## SECTION 3 - CHANGE IN INCOME

Please indicate the current combined income of all owners and their spouses and attach a copy of their complete Federal or NYS Tax Returns. If any of the owners are not required to file a tax return, please provide copies of their income statements such as of W-2 forms, 1099 Forms, Social Security benefits, etc.

Current Annual Combined Income \$ \_\_\_\_\_.

As a result of legislation enacted in 2010, homeowners whose income is more than \$500,000 are no longer eligible for the Basic STAR exemption.

## SECTION 4 - CHANGE IN A DISABLED VETERAN'S DISABILITY RATING

If a disabled Veteran's disability rating has been changed by the Veteran's Administration (VA), please indicate the revised rating percentage below and attach a letter from the VA detailing the revised rating.

Revised Disability Rating \_\_\_\_\_%

## SECTION 5 - CHANGE IN OWNERSHIP STATUS

If one of the owners who were entitled to a personal exemption is deceased or has moved, please indicate the Name and SSN of the deceased/moved owner, the exemption type, the date of death/moved and attach a copy of the death certificate.

**Exemption type** (check all that apply)

Basic Star       Enhanced Star       Senior Citizen       Disability       Veteran

Name of Owner: \_\_\_\_\_ SSN: [ ]-[ ]-[ ]  
FIRST NAME LAST NAME

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ **OR** Date Moved: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 6 - SIGNATURES AND CERTIFICATIONS**

All owners must sign, date and provide their social security numbers. By signing below, I certify that all statements made on this application are true and that I have made no willful false statements of material fact.

PRINT NAME	OWNER'S SIGNATURE	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;"> </td> </tr> </table>						DATE
PRINT NAME	OWNER'S SIGNATURE	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;"> </td> </tr> </table>						DATE
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**CONTACT INFORMATION**

If we have a question about this application, who should we contact?

Contact Name: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**PLEASE DO NOT FORGET TO ATTACH ALL THE REQUIRED DOCUMENTATION AND TO SIGN AND DATE THE APPLICATION. FAILURE TO DO SO WILL DELAY THE PROCESSING OF YOUR APPLICATION.**

**PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.**

**PRIVACY ACT NOTIFICATION**

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers by owners is mandated by Section 11-102.1 of the Administrative Code of the City of New York. Disclosure by lessees is voluntary. Disclosure is requested to facilitate the processing of real property income and expense data. Such data, including any Social Security Numbers so disclosed, are used for tax administration purposes. The data, including any Social Security Numbers, may be further disclosed to other departments or agencies, or to persons employed by such departments or agencies, only for such purposes, or as otherwise provided by law or judicial order.