NEW YORK CITY ● DEPARTMENT OF FINANCE ● PROPERTY DIVISION

THIRD PARTY NOTIFICATION FOR REAL PROPERTY TAXES APPLICATION

FORM EA-923

Dear Taxpayer:

If you are a senior citizen, aged 65 years or older, or if you suffer from a physical or developmental disability, you may designate an adult third party to receive copies of your real estate tax bills and notices of unpaid taxes.

The New York City Department of Finance is pleased to offer the benefits of the third party notification program to eligible taxpayers free of charge by authority of state law. Although you can apply any time during the year, you must allow at least 60 days for the application to be processed. In order to request that duplicate tax bills and statements of unpaid taxes be mailed to third party designees in time for the July 1st real estate tax billing period, eligible property owners must file a completed application by the preceding May 15th.

For more details, please refer to the eligibility requirements and follow the application instructions provided below.

WHO IS ELIGIBLE?

Owner-occupants of 1-, 2-, or 3-family residential real property who are either:

(a) at least 65 years of age, or

(b) disabled by a physical or mental impairment which substantially limits one or more of their major life activities.

WHEN MUST I APPLY?

You can apply any time during the year, but allow 60 days for the application to be processed. However, if you would like a third party to receive a copy of the July 1st Real Estate Tax bill which is often mailed out in June, please make certain to file your application by May 15.

WHOM MAY I CHOOSE AS MY THIRD PARTY?

Any adult who consents to your designation, such as a friend or a relative.

HOW DOES A THIRD PARTY DESIGNEE SHOW CONSENT?

By signing your application form in the appropriate blank.

MUST I APPLY EACH YEAR?

No. Once you apply, the duplicate notices will be sent to your designee unless you advise the Property Division (66 John Street, 12th Floor, New York, NY 10038) that the practice should stop.

HOW DO I APPLY?

Complete Form EA-923 (Request for Mailing of Duplicate Tax Bills or Statements of Unpaid Taxes to a Third Party) and mail it to the following address.

New York City Department of Finance
Property Division
66 John Street, 12th Floor
New York, NY 10038

ARE THERE FINANCIAL RISKS INVOLVED IN AGREEING TO BE A THIRD PARTY DESIGNEE?

No. The law states that the third party is under no legal obligation with respect to the bill or notice.

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REQUEST FOR MAILING OF DUPLICATE TAX BILLS OR STATEMENTS OF UNPAID TAXES TO A THIRD PARTY

FORM EA-923

Mail to: NYC Department of Finance, Property Division, 66 John Street, 12th Floor, New York, NY 10038

I request that a duplicate of any tax bill or statement of unpaid taxes with respect to my property as described below be mailed to the person whom I have designated. In making this request, I understand that neither the tax collecting officer nor any other local government employee has any liability if for any reason the duplicate is not mailed to or not received by my designee.

SECTION 1: TAXPAYER INFORMATION

Taxpayer Name: _____

Mailing Address: _____ City & State: _____ Zip Code: _____

Property Identification (as shown on assessment roll): _____

Tax Billing Address (if different than mailing address): _____

The Applicant is (check one): ❑ At least 65 years of age **OR** ❑ Disabled*

_____ _____

Signature Date

SECTION 2: THIRD PARTY DESIGNEE

Third Party Name: _____ Daytime Telephone: _____

Mailing Address: _____ City & State: _____ Zip Code: _____

_____ _____

Signature Date

SECTION 3: PHYSICIAN'S CERTIFICATION FOR AGED OR DISABLED APPLICANTS

***If you checked "Disabled", this section must be completed.**

Physician's Name: _____

Office Address: _____ City & State: _____ Zip Code: _____

NYS License Number: _____ Date of Issue _____

Patient's Name: _____

Patient's Address: _____ City & State: _____ Zip Code: _____

Does patient have a physical or mental impairment which substantially limits one or more major life activities (e.g., walking)? ..... ❑ YES ❑ NO

Please describe. _____

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