



# MILITARY PERSONNEL APPLICATION

Mail to: NYC Department of Finance, Collections Division, 59 Maiden Lane, 28th floor, New York, NY 10038

**Instructions:** Use this form if you are an active member of the military or a reservist ordered to report for induction or military service ("service member"); or if you are a service member's spouse, registered domestic partner or dependent (unmarried child under the age of 18 or unmarried child ages 18-23 in school full-time, or anyone else for whom the service member provided at least 50% of their support for 180 days before the date of this application). Please see Finance Memorandum 05-3, July 12, 2005, for further details.

## SECTION I - APPLICANT INFORMATION

Complete item 1 and any other item in this section that is applicable. Please print clearly.

1. Service member's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

2. Dependent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

3. Agent/Representative name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

4. Indicate the name of the service member for which you have the Power of Attorney:  
(A copy of the Power of Attorney must be attached) \_\_\_\_\_  
SERVICEMEMBER'S NAME

## SECTION II - MILITARY STATUS

Select and complete Items 1 or 2 and Items 3 through 5 below.

1.  The service member is active and serving full time duty in the Army, Navy, Marine Corps, Air Force, Coast Guard or a member of the National Guard of the United States of America.

2.  The service member is a reservist who has been ordered to report for induction or military service.

Indicate the branch and order/commission date: \_\_\_\_\_  
BRANCH DATE

3.  I have attached a copy of the Order or Commission instructing the individual service member to report for military service.

4. List rank of service member: \_\_\_\_\_  
PRINT RANK

5. Indicate the service member's social security number:  ■  ■

**SECTION III - TAX PROVISION REQUEST**

Select and complete the applicable tax provision section(s) from the list below:

**1. Real Property Tax**

The service member owns and occupies the property, for dwelling, professional, business or agricultural purposes, or the property is occupied by the service member's dependents or employees for such purposes during the period of the service member's service.

a. Indicate Borough: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

b. Property Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

**2.  Tax Warrants**

a. Indicate service member's social security number: [ ] [ ] [ ] ■ [ ] [ ] ■ [ ] [ ] [ ] [ ] [ ] [ ]

b. Indicate New York City tax warrants that have been docketed against the service member:

Warrant Number	Type of Tax	Tax Period	Docket Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3.  Environmental Control Board Judgments**

a. Indicate the New York City Environmental Control Judgments that have been docketed against the service member:

Violation Number	Property Address
# _____	_____ STREET CITY STATE ZIP CODE
# _____	_____ STREET CITY STATE ZIP CODE

ATTACH ADDITIONAL PAGE IF NECESSARY

**4.  Parking Violation Judgments**

a. Indicate service member's license plate number(s):

Plate #: \_\_\_\_\_ Plate #: \_\_\_\_\_ Plate #: \_\_\_\_\_

ATTACH ADDITIONAL PAGE IF NECESSARY

**SECTION IV - CERTIFICATION**

I agree and I am aware that any intentional false statement on this application would subject me to criminal prosecution and acknowledge that the Department of Finance is acting in reliance on the statements that I have made in this application in deciding whether to apply the benefits of the law to the enforcement of the judgments, to the applicable interest rates or to the real property tax in question.

\_\_\_\_\_ PRINT NAME OF APPLICANT \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE

STATE OF NEW YORK }  
COUNTY OF \_\_\_\_\_ } ss.:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_  
to me known, who, being by me duly sworn did depose and say that (s)he resides at:

\_\_\_\_\_ STREET ADDRESS CITY STATE ZIP CODE

and that (s)he executed this application.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC

▲ NOTARY STAMP OR SEAL HERE ▲