

Veterans Exemption

INITIAL APPLICATION INSTRUCTIONS FOR 2020/2021

Please read but do not submit with your application

Are you eligible for the Veterans Exemption?

Cooperative Owners: Please confirm with your managing agent if your property is controlled by any of the following housing developments:

- ✓ Mitchell-Lama
- ✓ Limited-Profit Housing Company
- ✓ Limited Dividend Housing Company
- ✓ Redevelopment Company
- ✓ Housing Development Fund Company

If your property is controlled by a housing development mentioned above, it is NOT eligible for the Veteran Homeowners Exemption.

Is the property the primary residence of one of the following?

Yes No

- Veteran
- Unremarried surviving spouse of a veteran
- Parent of a soldier killed in action (Gold Star Parent)

Was the veteran honorably discharged?

Yes No

Did the veteran serve during any of the following periods?

Yes No

- World War I (April 6, 1917–November 11, 1918)
- World War II (December 7, 1941–December 31, 1946)
- Korean Conflict (June 27, 1950–January 31, 1955)
- Vietnam War (February 28, 1961–May 7, 1975)
- Persian Gulf Conflict (August 2, 1990–Present)

PLEASE NOTE: The Persian Gulf Conflict includes, but is not limited to, Operation Enduring Freedom, Operation Iraqi Freedom (Iraq invasion in 2003) and Operation New Dawn (Afghanistan), Operation Joint Forge, Operation Joint Endeavor, and Operation Joint Guard.



If you have answered **NO** to any of these questions, you **MAY NOT** be eligible for the Veterans Exemption.

Important Information

1. Deadline – March 15, 2020:

This application and required documents must be postmarked by March 15, 2020, for benefits to begin on July 1st. If the deadline falls on a weekend or a holiday, the deadline will be the next business day.

2. Property information:

Provide the complete address and the borough, block and lot (BBL) number of the your property for which you are seeking tax benefits and the date you purchased the property. The borough, block and lot numbers for properties can be found on the Department of Finance website at nyc.gov/bbl, on your deed or property tax bill. Co-op owners can also check with their management agent for the information. Provide the date you purchased the property or co-op shares.

Properties owned by trust or life estate:

If the property has a life estate, only the individual retaining the life estate can apply. If the property is held in a trust, only the qualifying beneficiary/trustee can apply.

Properties owned by a business:

If your property is owned by a business, it is not eligible for Homeowner Tax Benefits.

3. Primary residence:

Your primary residence is your principal and permanent place of residence. You can have only one primary residence but may own more than one property. Please provide documents if you were absent from the property due to medical reasons or institutionalization.

Percentage Used As Primary Residency

If your property contains four or more residential units, indicate the percentage used as your primary residency. Example: if the property is a four-family dwelling and you reside in one-fourth (1/4) of the property, the percentage used as primary residency is 25%. Or, if the owners reside in half of the property (2 of the 4 units) the percentage used as primary residency is 50%.

4. Owner information:

Please complete the entire section for all owners and their spouses. If you are a foreign national, please provide your Individual Taxpayer Identification Number (ITIN).

5. Transfer of Veterans Exemption:

If you received a Veterans Exemption on a property and can show proof that your previous residence was granted the exemption, you may be able to transfer the exemption to a new property. Both residences must be located in New York State. The application must be received within 30 days of the purchase of the new property. To qualify for the following tax year the application must be postmarked on or before March 15th. If the property is granted the exemption it will be prorated.

6. Additional Property Information:

If you own an additional property outside of NYC and are no longer receiving benefits, you must submit a letter from the county/state local assessor's office indicating there are no benefits on your other property. If you or your spouse own additional/multiple properties, please complete the "Additional Property Information" section on pages 3 and 4 of the application.

7. Submit your application and copies of the required documentation to:

NYC Department of Finance
P.O. Box 311
Maplewood, NJ 07040-0311

Application and all required documentation must be postmarked by **March 15, 2020**. Keep a copy of your application for your records. You will receive an acknowledgment letter from the Department of Finance when your application is received.

Required Documentation

Proof of Veteran Status

- COPY of DD214 or its equivalent
- COPY of Separation papers

NOTE: The DD214 (or its equivalent) and/or separation papers are REQUIRED and must be submitted with the application.

AND COPIES of one of the following, if applicable:

- Marriage certificate, if a spouse is applying for the exemption based on the military service of the veteran and the veteran is not on the deed.
- Death certificate, if you are an unremarried surviving spouse or Gold Star parent.
- Veterans Administration award letter with service connected disability rating, if the veteran is disabled.

To obtain DD214 and separation papers, contact:

National Personnel Records Center

1 Archives Drive

St. Louis, Missouri 63138

www.archives.gov/veterans

(866) 272-6272

NOTE: Additional documentation may be needed in the following cases:

- If the property is a cooperative, please provide a COPY of the stock certificate.
- If the property is held in a trust, please submit a COPY of the trust agreement.
- If the property was willed to an owner, please submit a COPY of last will and testament, probate or court order.

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This application and all required documents must be submitted (and postmarked) by March 15, 2020. For assistance, visit nyc.gov/contactpropexemptions or call 311.

PLEASE PRINT

1. PROPERTY INFORMATION

BOROUGH	BLOCK	LOT	# OF COOPERATIVE SHARES
STREET ADDRESS			APT.
CITY		STATE	ZIP
TYPE OF PROPERTY <input type="checkbox"/> Condominium unit <input type="checkbox"/> 1-3 family dwelling <input type="checkbox"/> Cooperative <input type="checkbox"/> 4+ family dwelling			
DWELLINGS WITH 4 OR MORE UNITS, ENTER % OF SPACE USED FOR PRIMARY RESIDENCE: _____ %			
DATE YOU PURCHASED THE PROPERTY (mm/dd/yyyy)	COOPERATIVE/CONDO MANAGEMENT INFORMATION		
	COMPANY NAME	TELEPHONE NUMBER () -	
IS THIS PROPERTY USED EXCLUSIVELY FOR RESIDENTIAL PURPOSES? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO: PROVIDE % USED FOR NON-RESIDENTIAL PURPOSES _____%			
IS THERE A LIFE ESTATE ON THIS PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IS THERE A TRUST ON THIS PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
WAS THE PROPERTY WILLED TO YOU? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. OWNER(S) INFORMATION

For Proof of Veteran Status

- COPY of DD214 or its equivalent
- COPY of Separation papers

NOTE: The DD214 (or its equivalent) and/or separation papers is REQUIRED and must be submitted with the application.

AND COPIES of one of the following, if applicable:

- Marriage certificate, if a spouse is applying for the exemption based on the military service of the veteran and the veteran is not on the deed.
- Death certificate, if you are an unremarried surviving spouse or Gold Star parent.
Veterans Administration award letter with service connected disability rating, if the veteran is disabled
- For a life estate, provide owner info for life estate holder and spouse.
- For a trust, provide owner information for qualifying beneficiary/trustee and submit copy of entire Trust Agreement
- If the property is a cooperative, please provide a copy of the stock certificate
- If the property was willed to an owner, please submit a copy of last will and testament, probate or court order.
- For owner receiving medical care in a health care facility, submit documentation from health care facility.

Veterans Exemption INITIAL APPLICATION 2020/2021

2. OWNER(S) INFORMATION (CONTINUED)

Owner 1

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY / ITIN NUMBER	
STREET ADDRESS		APT.
CITY	STATE	ZIP
TELEPHONE NUMBER () -	CELL PHONE NUMBER () -	
EMAIL ADDRESS	IS THIS THE PRIMARY RESIDENCE OF OWNER 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Owner 2:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY / ITIN NUMBER	
STREET ADDRESS		APT.
CITY	STATE	ZIP
TELEPHONE NUMBER () -	CELL PHONE NUMBER () -	
EMAIL ADDRESS	IS THIS THE PRIMARY RESIDENCE OF OWNER 2? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ARE OWNERS 1 AND 2 MARRIED TO EACH OTHER? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for applicants and income-earning occupants is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Such numbers disclosed on any reports or returns are requested for tax administration purposes and will be used to facilitate the processing of reports and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance. Such numbers may also be disclosed as part of information contained in the taxpayer's return to another department, person, agency or entity as may be required by law, or if the applicant or income-earning occupants give written authorization to the Department of Finance.

3 ADDITIONAL OWNER(S) (CONTINUED FROM SECTION 2)

Owner 3:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY / ITIN NUMBER	
STREET ADDRESS		APT.
CITY	STATE	ZIP
TELEPHONE NUMBER () -	CELL PHONE NUMBER () -	
EMAIL ADDRESS	IS THIS THE PRIMARY RESIDENCE OF OWNER 3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RELATIONSHIP TO OWNERS 1 AND 2		

Owner 4:

NAME (FIRST, LAST)		
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY / ITIN NUMBER	
STREET ADDRESS		APT.
CITY	STATE	ZIP
TELEPHONE NUMBER () -	CELL PHONE NUMBER () -	
EMAIL ADDRESS	IS THIS THE PRIMARY RESIDENCE OF OWNER 3? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RELATIONSHIP TO OWNERS 1 AND 2		

Veterans Exemption INITIAL APPLICATION 2020/2021

4. ADDITIONAL PROPERTIES OWNED (IF ANY)

Complete the following for each additional property.

If the property is in NYC, please provide the Borough/Block/Lot Number.

Additional property 1:

BOROUGH	BLOCK	LOT	OR	PARCEL ID
OWNER(S) NAME				
STREET ADDRESS				APT
CITY		STATE	ZIP	
EXEMPTIONS RECEIVED				
<input type="checkbox"/> Basic STAR/Enhanced STAR <input type="checkbox"/> Senior <input type="checkbox"/> Disabled <input type="checkbox"/> Veterans <input type="checkbox"/> Other:				
Was the property recently sold? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide sale date (mm/dd/yyyy) _____				

Additional property 2:

BOROUGH	BLOCK	LOT	OR	PARCEL ID
OWNER(S) NAME				
STREET ADDRESS				APT
CITY		STATE	ZIP	
EXEMPTIONS RECEIVED				
<input type="checkbox"/> Basic STAR/Enhanced STAR <input type="checkbox"/> Senior <input type="checkbox"/> Disabled <input type="checkbox"/> Veterans <input type="checkbox"/> Other:				
Was the property recently sold? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide sale date (mm/dd/yyyy) _____				

5. CERTIFICATION

Please read carefully and sign the certification below. Your application is not complete if you do not sign.

I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit and should the Department of Finance determine that I made false statements, I may lose my future exemptions and be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.

All owners must sign and date this application, regardless of where they reside.

PRINT NAME OF OWNER 1	SIGNATURE OF OWNER 1	DATE OF APPLICATION
PRINT NAME OF OWNER 2	SIGNATURE OF OWNER 2	DATE OF APPLICATION
PRINT NAME OF OWNER 3	SIGNATURE OF OWNER 3	DATE OF APPLICATION
PRINT NAME OF OWNER 4	SIGNATURE OF OWNER 4	DATE OF APPLICATION

If due to a disability you need an accommodation in order to apply for and receive a service, or to participate in a program offered by the Department of Finance, please contact the Disability Service Facilitator at nyc.gov/contactdofeeo or by calling 311.

Did you remember to...

- Check over the application to make sure all questions have been answered?
- Include copies of all required documentation?
- Sign and date the application?
- Keep a copy of the completed application for your records?

Mail your completed application and all required documentation by March 15, 2020, to:

New York City Department of Finance
 P.O. Box 311
 Maplewood, NJ 07040-0311

You will receive an acknowledgment when your application is received.

For assistance, visit nyc.gov/contactpropexemtions or call **311**.