

Clergy Exemption

RENEWAL APPLICATION INSTRUCTIONS

Please read but do not submit with your application.

Are you eligible to renew the clergy exemption?

You may be eligible to renew if:

- You are now or have ever been a full-time member of the clergy.
- Your property is not a cooperative.
- Your property is not held in a trust.
- Your primary residence is located in the state of New York.
- You are one of the following:
 - An active clergy member engaged in ministerial work as your principal occupation.
 - A clergy member unable to perform such work due to illness or impairment.
(Medical documentation required.)
 - A retired clergy member over 70.
 - The unremarried surviving spouse of a clergy member.

Important Information

1. Deadline – March 15:

The statutory deadline to apply for personal tax exemptions is March 15, unless that date falls on a weekend or holiday.

2. Property Information:

Provide the complete address and the borough, block, and lot (BBL) number of the 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's website at www.nyc.gov/bbl, or on your deed or property tax bill.

Properties owned by a business:

If your property is owned by a business it is not eligible for the clergy exemption.

3. 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).

Please see reverse side for additional instructions.

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

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

Your application and all required documentation must be postmarked by **March 15**. 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 clergy status

- Verification letter from the house of worship employer on official letterhead. Letter should state if employed full-time.

And, if applicable, copies of one of the following:

- Death certificate, if you are an unremarried surviving spouse.
- Physician letter documenting illness or impairment, if the clergy member is unable to perform work for his or her congregation due to illness or impairment.
- Proof of age, if the clergy member is retired and over 70.
- If the property was willed to an owner, please submit a copy of the last will and testament, or probate or court order.

Before submitting your application, be sure 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, 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 www.nyc.gov/contactpropexemptions, or call **311**.



Clergy Exemption RENEWAL APPLICATION

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

PLEASE PRINT

1. PROPERTY INFORMATION

PURCHASE DATE (MM/DD/YYYY)	BOROUGH	BLOCK	LOT
STREET ADDRESS			APT.
CITY		STATE	ZIP
TYPE OF PROPERTY <input type="checkbox"/> Condominium <input type="checkbox"/> 1- to 3-Family House		IS THERE A LIFE ESTATE 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. REQUIRED DOCUMENTATION

To be eligible for this benefit you must currently be a full-time clergy member, or you must have been at some time in the past.

For proof of clergy status:

- Verification letter from the house of worship employer on official letterhead, stating full-time employment.

And, if applicable, copies of one of the following:

- Death certificate, if you are an unremarried surviving spouse.
- Physician letter documenting illness or impairment, if the clergy member is unable to perform work for his or her congregation due to illness or impairment.
- Proof of age, if the clergy member is retired and over 70.
- If the property was willed to an owner, please submit a copy of the last will and testament, or probate or court order.

If you are a clergy member engaged in secular employment, indicate the percentage of time devoted to:

Secular Employment _____%

Religious Duties _____%

3. OWNER(S) INFORMATION

Owner 1:

NAME		
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	

Clergy Exemption RENEWAL APPLICATION

3. OWNER(S) INFORMATION (continued)

Owner 2:

NAME		
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? Yes No

You must provide your Social Security or ITIN number to apply for this property tax exemption. We are asking for this information to make sure that our records are accurate, and that you have submitted accurate information. Our right to require this information is described in Section 11-102.1 of the Administrative Code.

4. 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

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