

**Who can apply**

You may qualify for DHE if the total combined annual income of the property's owners and their spouses is \$58,399 or less and all owners are people with disabilities. (If the owners are spouses or siblings, only one must have a disability.) With some exceptions, the property must be the primary residence of all owners.

**Deadline:** March 15. (If March 15 falls on a weekend or holiday, the deadline is the next business day.)

**How to get help:** Visit [www.nyc.gov/contactpropexemptions](http://www.nyc.gov/contactpropexemptions) or call 311.

**How to apply**

Submit all of the following (see page 3, section 6, for more information):

- A completed application
- Proof of disability
- Proof of income

Submit the additional documents listed on page 3, section 6, if any of the following statements are true:

- The property is owned by a trust.
- You received the property through a will.
- There is a life estate on the property.
- An owner listed on the deed is deceased.
- An owner listed on the deed owns additional properties.
- An owner is living full-time at a residential healthcare facility.
- You have unreimbursed medical bills.

**Mail your application and documents to:**

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

**Section 1: Property Information**

BOROUGH:	BLOCK:	LOT:
STREET ADDRESS:		APT #:
CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS):		
<b>Type of Property:</b> <input type="checkbox"/> Condominium <input type="checkbox"/> Cooperative <input type="checkbox"/> 1- to 3-family house <input type="checkbox"/> 4+ family house or other If your home has four or more units, enter the % of the space that is used as your primary residence: _____%		
Is any portion of your property used for commercial purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the percentage used for commercial purposes _____%		
Is the property owned by a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive this property through a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a life estate on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does a child (including tenants) reside on the property and attend public school in grades pre-K to 12? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Section 2: Owner Information

OWNER 1 NAME:	DATE OF BIRTH:	SOCIAL SECURITY* OR ITIN #:
PHONE NUMBER:	EMAIL ADDRESS:	
OWNER 2 NAME:	DATE OF BIRTH:	SOCIAL SECURITY* OR ITIN #:
PHONE NUMBER:	EMAIL ADDRESS:	

### Check the boxes below if:

- You have a disability.  Owner 1  Owner 2
- This property is your primary residence.  Owner 1  Owner 2
- You are married to another owner of the property.  Owner 1  Owner 2
- You are the sibling of another owner of the property.  Owner 1  Owner 2
- You own additional properties.  Owner 1  Owner 2

Check this box if there are more than two owners. Attach the information requested in this section for all owners.

Check this box if a relative or guardian is responsible for the owner's affairs. Attach the information requested in this section for the relative or guardian.

## Section 3: Income

Estimate the total combined annual income of all owners and their spouses for the year prior to your filing of this application. You can use data from your federal or state tax return, or add the income from the sources described in section 5.

**You must enter a number in this box ►**

\$

## Section 4: Certification (All owners must sign.)

I certify that all of the information provided in this application is true and correct to the best of my knowledge. I certify that I am not receiving a property tax exemption at any other property that I own, including properties outside of New York City.

I understand that this information is subject to audit and that if the Department of Finance determines that I have made false statements, I may lose my future benefits and be responsible for all applicable charges and penalties. I understand that I am required to notify the Department of Finance of any changes that might affect my eligibility for this benefit. I understand that my income is subject to verification by the Department of Finance.

Name	Signature	Date

## Section 5: Required Documents

<p><b>Proof of Disability</b></p> <p>Provide a copy of one of the following for each owner.</p>	<p>Disability award letter from the Social Security Administration, Railroad Retirement Board, or U.S. Postal Service, a certificate from the New York State Commission for the Blind, or a Veterans Administration letter stating that you are entitled to a veterans disability pension.</p>
<p><b>Proof of Income</b></p> <p>Provide a copy of the following for all owners and their spouses for the calendar year immediately preceding the date you are filing this application.</p>	<ul style="list-style-type: none"> <li>• Federal or state income tax returns with all schedules and 1099s.</li> <li>• Or, for owners or spouses who did not file a federal or state tax return, submit copies of all sources of income, including those listed below.             <ul style="list-style-type: none"> <li>▶ Wages.</li> <li>▶ Unemployment benefits.</li> <li>▶ Social Security benefits.</li> <li>▶ SSI payments.</li> <li>▶ SSDI payments.</li> <li>▶ Pension payments.</li> <li>▶ IRA Earnings.</li> <li>▶ Annuity Earnings.</li> <li>▶ Capital gains.</li> <li>▶ Business income.</li> <li>▶ Workers' compensation.</li> <li>▶ Rental income.</li> <li>▶ Interest.</li> </ul> </li> </ul>

## Section 6: Additional Documents (Submit all that apply.)

<p><b>If the property is held in trust:</b></p>	<p>Submit a copy of the entire trust agreement.</p>
<p><b>If the property was willed to the owner:</b></p>	<p>Submit a copy of the last will and testament or the probate or court order.</p>
<p><b>If an owner listed on the deed is deceased:</b></p>	<p>Submit a copy of the death certificate.</p>
<p><b>If an owner is living full-time at a residential healthcare facility:</b></p>	<p>Submit an official letter from the facility which includes the cost of care for the income year provided.</p>
<p><b>If an owner listed on the deed is living elsewhere:</b></p>	<p>Submit complete legal documentation of divorce, separation, or abandonment.</p>
<p><b>If an owner owns additional properties (in NY or elsewhere):</b></p>	<p>Provide the following information for each property: address, borough-block-lot number, and any tax exemptions the property receives.</p>
<p><b>If you have unreimbursed medical bills, these may reduce your income and help you qualify:</b></p>	<p>Provide receipts of your paid, unreimbursed medical bills from the year for which you are submitting income documentation. Or, submit a copy of your schedule A.</p>

\*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.

**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](http://www.nyc.gov/contactdofeeo) or by calling 311.**