



# REQUEST TO REMOVE PROPERTY TAX EXEMPTION(S)

**MAIL TO:** NYC Dept. of Finance, Property Exemptions Administration/Compliance Unit, 59 Maiden Lane, 22nd Floor, New York, New York 10038

**INSTRUCTIONS:** Fill out this application to remove a property tax exemption you currently receive. DO NOT use this application to apply for an exemption. NOTE: If you volunteering renouncing your exemption, you will be charged a \$500 processing fee in addition to the adjusted property tax due.

## SECTION 1 - Property Information

PROPERTY ADDRESS:		ZIPCODE:	UNIT/APT. NUMBER	CHECK BOX IF THIS IS A COOP <input type="checkbox"/>
BOROUGH:	BLOCK:	LOT:		

## SECTION 2 - Property Tax Exemption(s) or Abatement(s)

Please select from the list below (check all that apply):

- STAR - Basic or Enhanced   
  Veterans   
  Condo/Cooperative Abatement   
  Clergy  
 Senior Citizen/Disabled Homeowners Exemption   
  Other (please specify): \_\_\_\_\_

A) On \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ the homeowner passed away. A copy of the death certificate is attached.  
MONTH                      DAY                      YEAR

Decedent's name: \_\_\_\_\_ Decedent's SS#:

B) As of \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ I am voluntarily renouncing the exemption(s) as described above.  
MONTH                      DAY                      YEAR

## SECTION 3 - Signatures and Certifications

Who is submitting this application for removal or adjustment of the property tax exemption(s)?

- Owner(s)   
  Managing Agent / Owner Representative   
  Title / Abstract Company

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.

PRINT NAME	SIGNATURE	COMPANY	DATE
PRINT NAME	SIGNATURE	COMPANY	DATE

**SECTION 4 - Contact Information**

If we have a question about this application, who should we contact?

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**PLEASE DO NOT FORGET TO ATTACH ALL THE REQUIRED DOCUMENTATION AND TO SIGN AND DATE THE APPLICATION. FAILURE TO DO SO WILL DELAY THE PROCESSING OF YOUR APPLICATION.**

**PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.**

**PRIVACY ACT NOTIFICATION**

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 is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers by owners is mandated by Section 11-102.1 of the Administrative Code of the City of New York. Disclosure by lessees is voluntary. Disclosure is requested to facilitate the processing of real property income and expense data. Such data, including any Social Security Numbers so disclosed, are used for tax administration purposes. The data, including any Social Security Numbers, may be further disclosed to other departments or agencies, or to persons employed by such departments or agencies, only for such purposes, or as otherwise provided by law or judicial order.

**For Office Use Only:**

Batch #: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Building Class: \_\_\_\_\_ Tax Class: \_\_\_\_\_