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 voluntarily renouncing your exemption, you will be charged a $500 processing fee in addition to the adjusted property tax due.

SECTION 1 - Property Information

<table>
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<tr>
<th>PROPERTY ADDRESS:</th>
<th>ZIPCODE:</th>
<th>UNIT/APT. NUMBER</th>
<th>CHECK BOX IF THIS IS A COOP</th>
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<th>BLOCK:</th>
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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.

Decedent’s name: ________________________  Decedent’s SS#: ________

B) As of ________ - ________ - ________ I am voluntarily renouncing the exemption(s) as described above.

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.

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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: __________________________________________________________________