

**PROPERTY TAX AND INTEREST DEFERRAL PROGRAM****PT AID****RENEWAL & CHANGE FORM**

You can use this form to renew or request changes to your PT AID payment plan agreement. Please complete this form and submit it with any required documentation to the Department of Finance:

- Online: Visit www.nyc.gov/contactptaid
- By Mail: NYC Department of Finance, 59 Maiden Lane, 19th Floor, New York, NY 10038
- In Person: Any Department of Finance business center (Visit www.nyc.gov/visitdof or call 311 for locations.)

SECTION 1: PROPERTY INFORMATION

STREET ADDRESS:		APT:	
CITY:	STATE:	ZIP:	
BOROUGH:	BLOCK:	LOT:	

SECTION 2: APPLICANT INFORMATION

FIRST NAME:	LAST NAME:
TELEPHONE NUMBER:	EMAIL ADDRESS:

SECTION 3: CURRENT PLAN INFORMATION

Application Number:	
Payment Plan Type (LIS, FTI, ECI):	
Payment Amount:	
Payment Frequency (Quarterly/Monthly Agreement Term):	
Charges percentage (LIS only)	
Agreement Term (LIS only)	
Income percentage (FTI or ECI only)	
Accrued Charges only (FTI or ECI only)	
Accrued and Current Charges (FTI or ECI only)	
Property Net Equity:	
Maximum Deferral Amount:	

SECTION 4: CHANGE REQUEST (Complete only if you want to change your PT AID agreement.)

Please note: If you are enrolled in the FTI or ECI plan, you can only make changes (type of plan, payment frequency, or payment percentage) once every six months.

By checking this box, I am requesting changes to my PT AID agreement with the Department of Finance.

Choose one of the following options:

- I would *not* like to change the type of plan I am enrolled in.
- I would like to change my plan to (select one):
 - Low-Income Senior (LIS) (You must be 65 or older.)** **Fixed-Term Income-Based (FTI)**
 - Extenuating Circumstance Income-Based (ECI)**

If you are changing to or your current plan is Low-Income Senior:

Choose the percentage of your annual property taxes and charges (accrued and prospective) that you would like to pay.

- 0% 25% 75% 100%

Payment Frequency Monthly Quarterly

Terms (Choose one of the following):

- I would like to change my agreement to a fixed term of _____ months.
- I do not want a fixed-term agreement. Please note: You can change the terms of a low-income senior plan at any time.

If you are changing to or your current plan is Fixed-Term Income-Based or Extenuating Circumstance Income-Based:

Choose how much you would like to pay (the percentage of the combined income of all property owners that will be applied to the payment plan).

- 2% 4% 6% 8%

Payment Frequency Monthly Quarterly

Terms (Choose one of the following):

- Include only taxes and charges that have accrued?
- Include taxes and charges that have accrued and taxes and charges that will accrue over the next fiscal year.

SECTION 5: ESTIMATOR (Complete only if you want to change your PT AID agreement.)

If you are changing the type or terms of your PT AID agreement, please complete the payment estimator available at www.nyc.gov/ptaid. Choose the estimator for the plan for which you are applying. After you enter your information and click "Submit," you will see an estimate of your payment amount and other terms. Print this screen, sign the document, and submit it with your application.

SECTION 6: RENEWAL (Complete only if you want to renew your current PT AID agreement.)

Check the box for the plan that applies to you and sign on the following page.

Low-Income Senior Plan or Fixed-Term Income-Based Payment Plan

I certify that the total combined income of all owners is still \$86,400 or less.

Extenuating Circumstances Income-Based Payment Plan

- I certify that the total combined income of all owners is still \$86,400 or less.
- I certify that I am still experiencing an extenuating circumstance, qualifying me for this plan.
- I have submitted documentation describing my extenuating circumstance.

Mortgage, loan, or judgment

Have you taken out a mortgage or loan, or had a judgment on your property, since your PT AID agreement went into effect?

Yes No (If you checked "yes" above, DOF may be required to change your PT AID Agreement. DOF will contact you.)

SECTION 7: REQUIRED DOCUMENTATION

- If you are changing to the Low-Income Senior Plan, you must provide proof of your age.
- If you are currently enrolled in an Extenuating Circumstance Income-Based Plan, or you are changing to an extenuating circumstance plan, you must submit documentation that describes your extenuating circumstance.

SECTION 8: CERTIFICATION

I hereby certify that all information contained in this application is true and correct to the best of my knowledge and that I am not receiving a PT AID property tax payment agreement at any other property that I own within New York City. I certify that the signatories below have at least a 50% ownership interest in the property. I understand that my income is subject to verification by the Department of Finance. I understand that the willful making of any false statement of material fact contained herein will subject me to the provisions of New York Penal Law § 175.30 related to the making and filing of false instruments and will make this application null and void.

APPLICANT SIGNATURE	DATE
OWNER/CO-OWNER SIGNATURE	DATE
OWNER/CO-OWNER SIGNATURE	DATE