



RP-459-c (9/09)

NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF  
PERSONS WITH DISABILITIES AND LIMITED INCOMES

APPLICATION MUST BE FILED WITH YOUR LOCAL ASSESSOR BY TAXABLE STATUS DATE  
Do not file this form with the Office of Real Property Tax Services.

General information and instructions for completing this form are contained in RP-459-c-Ins

1. Name and telephone no. of owner(s) \_\_\_\_\_  
 \_\_\_\_\_  
 Day No. (     ) \_\_\_\_\_  
 Evening No. (     ) \_\_\_\_\_  
 E-mail address (optional) \_\_\_\_\_
2. Mailing address of owner(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Location of property (see instructions):  
 Street address \_\_\_\_\_  
 City/Town \_\_\_\_\_ Village (if any) \_\_\_\_\_  
 School District \_\_\_\_\_  
  
 Property identification (see tax bill or assessment roll)  
 Tax map number or section/block/lot \_\_\_\_\_
4. Description of nature of applicant's physical or mental impairment which currently substantially limits one or more major life activities (e.g. walking) \_\_\_\_\_
5. Indicate documents submitted with application as proof of disability (See instruction #5)  
 Award letter from Social Security Administration of entitlement to social security disability insurance (SSDI) or supplemental security income (SSI)  
 Award letter from Railroad Retirement Board of entitlement to railroad retirement disability benefits  
 Certificate from State Commission for the Blind and Visually Handicapped stating that applicant is legally blind  
 Award letter from United States Postal Service certifying disability pension  
 Award letter from United States Department of Veterans Affairs certifying disability pension
6. Indicate document submitted with application as proof of ownership (See instruction #6):  
 Deed            Mortgage            Other (specify)
7. Do all the owners of the property presently occupy the premises as their legal residence?  Yes    No  
 If answer to question 7 is No, is an owner receiving medical care as an in-patient in a residential health care facility?  Yes    No   If answer is Yes, specify name and location of the facility. \_\_\_\_\_  
 \_\_\_\_\_
8. Is any portion of the property used for other than residential purposes (farming, commercial, vacant land, professional office, etc.)?  Yes    No   If answer is Yes, explain such use and describe the portion that is so used. \_\_\_\_\_  
 \_\_\_\_\_
9. Income of each owner and spouse of each owner for the calendar year immediately preceding date of application MUST be set forth on next page (attach additional sheets if necessary). See instruction #9 for income to be included. (NOTE: Income does NOT include gifts, inheritances or a return of capital.)