NYC Finance

NYC DEPARTMENT OF FINANCE • LEGAL AFFAIRS DIVISION

MILITARY PERSONNEL APPLICATION

Mail to: NYC Department of Finance, Collection Division, 59 Maiden Lane, 28th floor, New York, NY 10038

Instructions: Use this form if you are an active member of the military or a reservist ordered to report for induction or military service ("service member"); or if you are a service member's spouse, registered domestic partner or dependent (unmarried child under the age of 18 or unmarried child ages 18-23 in school full-time, or anyone else for whom the service member provided at least 50% of their support for 180 days before the date of this application). Please see Finance Memorandum 05-3, July 12, 2005, for further details.

SECTION I - APPLICANT INFORMATION

Complete item 1 and any other item in this section that is applicable. Please print clearly.

1. Service member's Name: _____

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

2. Dependent's Name: _____

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

3. Agent/Representative name: _____

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

4. Indicate the name of the service member for which you have the Power of Attorney:
(A copy of the Power of Attorney must be attached) _____
SERVICEMEMBER'S NAME

SECTION II - MILITARY STATUS

Select and complete Items 1 or 2 and Items 3 through 5 below.

1. ❑ The service member is active and serving full time duty in the Army, Navy, Marine Corps, Air Force, Coast Guard or a member of the National Guard of the United States of America.

2. ❑ The service member is a reservist who has been ordered to report for induction or military service.

Indicate the branch and order/commission date: _____ _____
BRANCH DATE

3. ❑ I have attached a copy of the Order or Commission instructing the individual service member to report for military service.

4. List rank of service member: _____
PRINT RANK

5. Indicate the service member's social security number: ☐ ■ ☐ ■ ☐

SECTION III - TAX PROVISION REQUEST

Select and complete the applicable tax provision section(s) from the list below:

1. Real Property Tax

❑ The service member owns and occupies the property, for dwelling, professional, business or agricultural purposes, or the property is occupied by the service member's dependents or employees for such purposes during the period of the service member's service.

a. Indicate Borough: _____ Block: _____ Lot: _____

b. Property Address: _____
STREET ADDRESS CITY STATE ZIP CODE

2. ❑ Tax Warrants

a. Indicate service member's social security number: ☐☐☐ ■ ☐☐ ■ ☐☐☐☐

b. Indicate New York City tax warrants that have been docketed against the service member:

Warrant Number	Type of Tax	Tax Period	Docket Date

3. ❑ Environmental Control Board Judgments

a. Indicate the New York City Environmental Control Judgments that have been docketed against the service member:

Violation Number	Property Address
# _____	_____ STREET CITY STATE ZIP CODE
# _____	_____ STREET CITY STATE ZIP CODE

ATTACH ADDITIONAL PAGE IF NECESSARY

4. ❑ Parking Violation Judgments

a. Indicate service member's license plate number(s):

Plate #: _____ Plate #: _____ Plate #: _____

ATTACH ADDITIONAL PAGE IF NECESSARY

SECTION IV - CERTIFICATION

I agree and I am aware that any intentional false statement on this application would subject me to criminal prosecution and acknowledge that the Department of Finance is acting in reliance on the statements that I have made in this application in deciding whether to apply the benefits of the law to the enforcement of the judgments, to the applicable interest rates or to the real property tax in question.

_____ PRINT NAME OF APPLICANT _____ SIGNATURE _____ DATE

STATE OF NEW YORK
COUNTY OF _____ } ss.:

On the _____ day of _____, 20____, before me personally came _____

to me known, who, being by me duly sworn did depose and say that (s)he resides at:

_____
STREET ADDRESS CITY STATE ZIP CODE

and that (s)he executed this application.

Sworn to before me this _____ day of

_____, 20_____.

_____
NOTARY PUBLIC

▲ NOTARY STAMP OR SEAL HERE ▲