



CRIME VICTIM/GOOD SAMARITAN EXEMPTION APPLICATION

Mail to: NYC Department of Finance, P.O. Box 3120, Church Street Station, New York, NY 10008-3120. Fax to: 212-361-7799

Instructions: Use this application if you are applying for a partial real property exemption for a disabled crime victim or Good Samaritan who incurred a disability as a result of a crime and has modified a 1-, 2-, 3-family home to accommodate the disability.

SECTION I - OWNER INFORMATION

1. Owner #1's Name:

a. _____ b. _____
FIRST NAME LAST NAME

c. Is this Owner #1's primary residence? YES NO

d. Social Security #: -- e. Date of Birth: --
MM DD YY

2. Owner #2's Name:

a. _____ b. _____
FIRST NAME LAST NAME

c. Is this Owner #2's primary residence? YES NO

d. Social Security #: -- e. Date of Birth: --
MM DD YY

SECTION II - PROPERTY INFORMATION

1. Address: a. _____ b. _____ c. _____
STREET # STREET NAME APT. #

2. Borough: _____ 3. Block #: _____ 4. Lot #: _____ 5. Zip Code: _____

SECTION III - ELIGIBILITY INFORMATION

Law enforcement officers are not eligible for this exemption.

1. Have any owners listed in Section I, their spouses, children, other family members, or non-family occupants been disabled as a victim of a crime or while trying to prevent or assist during a crime ("Good Samaritan")? YES NO

2. If you checked "YES" to Question 1, have improvements been made to the property to accommodate the person's special needs due to the disability? YES NO

3. If you checked "YES" to Question 1 and 2, indicate the cost of the improvements made to the property? \$ _____

SECTION V - SIGNATURES AND CERTIFICATIONS

By signing below, I certify that all statements made on this application and attached schedule(s) are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit, and should Finance determine that I do not qualify for tax exemptions, I will be disqualified from future exemptions and will be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.

All owners must sign and date, whether they reside at the property or not.

_____/_____/_____
OWNER'S SIGNATURE DATE

_____/_____/_____
OWNER'S SIGNATURE DATE

Contact Information:

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

Contact Name: _____

Telephone #: _____ Email Address: _____

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

The Department of Finance will inform you of all exemption benefits that you are eligible for on your Statement of Account.