



DISABLED CRIME VICTIM/GOOD SAMARITAN EXEMPTION APPLICATION

Instructions: This application is for your eligible New York City property only. Please read the instructions before you fill it out and answer all questions completely. If you have any questions, contact 311 or email personalexemptions@finance.nyc.gov. **Applications must be postmarked by March 15th (or by the following business day if March 15th falls on a weekend)** to be eligible for the following tax year.

Eligibility Requirements

- The property must be a one-, two- or three-family residence where improvements have been made to accommodate a physical disability incurred by a victim of a crime, or by a Good Samaritan who tries to stop a person who has committed a crime in the Samaritan's presence.
- The crime victim or Good Samaritan must be the property's owner, a member of the owner's household or a resident of the property.
- Improvements made to the property must also have resulted in an increase in the property's assessed value.

If eligible, the exemption will be granted until the improvement is no longer a necessary accommodation for the disabled crime victim or Good Samaritan.

The Department of Finance will inform you of all exemption benefits that you are eligible for on your Property Tax Bill.

Mail your completed application to:

**NYC Department of Finance
Personal Exemptions Unit
59 Maiden Lane, 24th Floor
New York, NY 10038**

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

Date of crime: _____ / _____ / _____

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

Date (month/year) of improvements: _____ / _____

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

Please provide a police report, a report from the Office of Victim Services, or other documentation showing that a physical disability was inflicted as a result of a crime.

Has anyone in your household ever served, or are they currently serving, in the U.S Armed Forces, National Guard, or Reserves? Please select any that apply:

Self Spouse/Partner Child Other (write in) _____

SECTION IV - 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.