

Clergy Exemption RENEWAL APPLICATION

This application and all required documents must be submitted (and postmarked) by March 15. (If March 15 falls on a weekend or holiday, the deadline is the next business day.) Mail your application to: New York City Department of Finance, Homeowner Tax Benefits, PO Box 3179, Union, NJ 07083. For assistance, visit www.nyc.gov/contactdof or call 311. Please do not send any payments to this address, and do not include any payments with your renewal application.

PLEASE PRINT

SECTION 1. PROPERTY INFORMATION

PURCHASE DATE (MM/DD/YYYY)	BOROUGH	BLOCK	LOT
STREET ADDRESS			APT.
CITY		STATE	ZIP
TYPE OF PROPERTY <input type="checkbox"/> Condominium <input type="checkbox"/> 1- to 3-Family House		IS THERE A LIFE ESTATE ON THIS PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE PROPERTY WILLED TO YOU? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2. REQUIRED DOCUMENTATION

To be eligible for this benefit you must currently be a full-time clergy member, or you must have been at some time in the past.

For proof of clergy status:

- Verification letter from the house of worship employer on official letterhead, stating full-time employment.

And, if applicable, copies of one of the following:

- Death certificate, if you are an unremarried surviving spouse.
- Physician letter documenting illness or impairment, if the clergy member is unable to perform work for his or her congregation due to illness or impairment.
- Proof of age, if the clergy member is retired and over 70.
- If the property was willed to an owner, please submit a copy of the last will and testament, or probate or court order.

If you are a clergy member engaged in secular employment, indicate the percentage of time devoted to:

Secular Employment _____%

Religious Duties _____%

SECTION 3. OWNER(S) INFORMATION

Owner 1:

NAME		
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY / ITIN NUMBER	
STREET ADDRESS		APT.
CITY	STATE	ZIP
TELEPHONE NUMBER () -	CELL PHONE NUMBER () -	
EMAIL ADDRESS	IS THIS THE PRIMARY RESIDENCE OF OWNER 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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SECTION 3. OWNER(S) INFORMATION (continued)

Owner 2:

NAME		
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY / ITIN NUMBER	
STREET ADDRESS		APT.
CITY	STATE	ZIP
TELEPHONE NUMBER () -	CELL PHONE NUMBER () -	
EMAIL ADDRESS	IS THIS THE PRIMARY RESIDENCE OF OWNER 2? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are owners 1 and 2 married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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) _____

You must provide your Social Security or ITIN number to apply for this property tax exemption. We are asking for this information to make sure that our records are accurate, and that you have submitted accurate information. Our right to require this information is described in Section 11-102.1 of the Administrative Code.

SECTION 4. CERTIFICATION

Please read carefully and sign the certification below. Your application is not complete if you do not sign.

I certify that all statements made on this application 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 that if the Department of Finance determines that I have made false statements, I may lose my future benefits and be responsible for all applicable charges and penalties. I understand that I am required to notify the Department of Finance of any changes that might affect my eligibility for this benefit.

All owners must sign and date this application, regardless of where they reside.

PRINT NAME OF OWNER 1	SIGNATURE OF OWNER 1	DATE OF APPLICATION
PRINT NAME OF OWNER 2	SIGNATURE OF OWNER 2	DATE OF APPLICATION

If due to a disability you need an accommodation in order to apply for and receive a service or participate in a program offered by the Department of Finance, please contact the Disability Service Facilitator at www.nyc.gov/contactdofeeo or by calling 311.