

DISABLED HOMEOWNERS' EXEMPTION RENEWAL APPLICATION

Who can apply: Current DHE recipients who continue to meet the program's eligibility requirements. You may qualify for DHE if the total combined annual income of the property's owners and their spouses is \$58,399 or less and every owner is a person with a disability. (If the owners are spouses or siblings, only one must have a disability.) With some exceptions, the property must be the primary residence of all owners and cannot be a housing development.

Mail your application to: New York City Department of Finance, Homeowner Tax Benefits, PO Box 3179, Union, NJ 07083. (Please do not send any payments to this address, and do not include any payments with your renewal application.)

Deadline: March 15. (If March 15 falls on a weekend or holiday, the deadline is the next business day.)

SECTION 1: PROPERTY INFORMATION

BOROUGH:	BLOCK:	LOT:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT PERSON NAME:	PHONE #:	EMAIL ADDRESS:

Answer the following questions to help us determine your eligibility:

1. Since filing your last application, has anyone been added to or removed from your deed? Yes ☐ No ☐
2. Is the combined annual income of all owners and their spouses more than \$58,399? Yes ☐ No ☐
3. Have you provided the Department of Finance with proof of a permanent disability? Yes ☐ No ☐

If you do not have a permanent disability, or have not yet provided us with documentation of a permanent disability, check "No." This will not disqualify you from receiving the exemption.

SECTION 2: OWNER(S) INFORMATION

(List all owners as recorded on the deed or certificate of shares.)

OWNER NAME	DATE OF BIRTH	SOCIAL SECURITY #	IS THIS PROPERTY STILL THIS OWNER'S PRIMARY RESIDENCE
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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 3: INCOME

Estimate the total combined annual income of all owners and spouses:

You must enter a number in this box ►

\$

See the instructions that are included with this application, or visit www.nyc.gov/dherenewal for more information.

You must provide income information or this may delay processing of your application.

SECTION 4: DOCUMENTATION

1. Income

You must provide copies of all sources of income for all owners and their spouses for the year before last year. This includes, but is not limited to, federal or state income tax returns with all schedules, W2s, 1099s, Social Security statements, and retirement benefits. If you received IRA distributions or distributions from an individual retirement annuity that were included in your federal adjusted gross income, you may deduct those amounts. Please include any relevant documentation, including but not limited to 1099-R forms.

2. Supply the following only if there has been a change since you filed your last application.

- If an owner listed on the deed is living elsewhere due to divorce, legal separation, or abandonment, please submit a copy of the legal documentation.
- If an owner is living full-time at a residential healthcare facility, please submit an official letter from the facility.
- If an owner has passed away, please submit a copy of the death certificate.
- If this property is owned by a trust, or if there is a life estate on the property, please submit a copy of the trust or life estate documentation.

SECTION 5: CERTIFICATION

Every owner of the property must sign in order for your application to be processed.

I certify that all of the information provided in this application is true and correct to the best of my knowledge.

I certify that I am not receiving a property tax exemption at any other property that I own, including properties outside of New York City.

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.

I understand that my income is subject to verification by the Department of Finance.

Name:	Signature:	Date:

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.

*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.