

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:

- Have you provided the Department of Finance with proof of a permanent disability?
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. Yes ☐ No ☐
- Do any of the property owners have a tenant with a disability whose lease provides them with a life interest in the property? If yes, provide the disabled tenant's name and SSN. Yes ☐ No ☐
Name _____ SSN _____

SECTION 2: OWNER & SPOUSE INFORMATION

List all owners and their spouses, even if the spouse is not included on the deed or certificate of shares.

OWNER OR SPOUSE NAME	DATE OF BIRTH	SSN OR ITIN *	IS THIS PROPERTY STILL THIS OWNER'S PRIMARY RESIDENCE?
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ 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

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

You must enter a number in this box ►

\$

You may be able to deduct certain unreimbursed medical expenses. Visit www.nyc.gov/dhe for more information.

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

SECTION 4: DOCUMENTATION

Household/Ownership Documents (only if there has been a change)

- 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 held in a trust, including a special needs trust, or if there is a life estate on the property, please submit a completed Property Exemptions Trust & Life Estate Certification Form, available at www.nyc.gov/dhe.
- If the property owner has a tenant with a disability whose lease provides them with a life interest in the property, please provide 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 number or ITIN, if you have such a number, in order 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.