

Veterans Exemption

INITIAL APPLICATION INSTRUCTIONS

Please read but do not submit with your application.

Are you eligible for the Veterans Exemption?

Cooperative Owners: Please check with your managing agent to see if your property is controlled by any of the following:

- ✓ Mitchell-Lama
- ✓ Limited-Profit Housing Company
- ✓ Limited Dividend Housing Company
- ✓ Redevelopment Company
- ✓ Housing Development Fund Company

If your property is controlled by any of the entities listed above, it is NOT eligible for the Veterans Exemption.

Is the property the primary residence of one of the following?

☐ Yes ☐ No

- Veteran
- Unremarried surviving spouse of a veteran
- Parent of a soldier killed in action (Gold Star Parent)

Was the veteran honorably discharged or released?

☐ Yes ☐ No

If No, did the veteran receive a letter from the New York State Division of Veterans' Services (DVS) stating that the veteran now meets the character discharge criteria for benefits and services listed in the Restoration of Honor Act?

☐ Yes ☐ No

If yes, include a copy of the letter with your application.

Did the veteran serve during any of the following periods?

☐ Yes ☐ No

- World War I (April 6, 1917–November 11, 1918)
- World War II (December 7, 1941–December 31, 1946)
- Cold War (September 2, 1945–December 26, 1991)
- Korean Conflict (June 27, 1950–January 31, 1955)
- Vietnam War (November 1, 1955–May 7, 1975)
- Persian Gulf Conflict (August 2, 1990–Present)

PLEASE NOTE: The Persian Gulf Conflict includes, but is not limited to, Operation Enduring Freedom, Operation Iraqi Freedom (Iraq invasion in 2003) and Operation New Dawn (Afghanistan), Operation Joint Forge, Operation Joint Endeavor, and Operation Joint Guard.



If you have answered **NO** to any of these questions, you **MAY NOT** be eligible for the Veterans Exemption.

Important Information

1. Deadline – March 15:

This application and required documents must be postmarked by March 15, for benefits to begin on July 1st. If the deadline falls on a weekend or a holiday, the deadline will be the next business day.

2. Property information:

The borough, block, and lot numbers for properties can be found on the Department of Finance website at www.nyc.gov/bbl, and on your deed or property tax bill. Co-op owners can also check with their management agent for the information. Provide the date you purchased the property or co-op shares.

Properties owned by trust or life estate:

If the property has a life estate, only the individual retaining the life estate can apply. If the property is held in a trust, only the qualifying beneficiary/trustee can apply.

Properties owned by a business:

If your property is owned by a business, it is not eligible for homeowner tax benefits.

3. Primary residence:

If your property contains four or more residential units, indicate the percentage used as your primary residence. Example: if the property is a four-family dwelling and you reside in one-fourth (1/4) of the property, the percentage used as primary residence is 25%. Or, if the owners reside in half of the property (two of the four units), the percentage used as primary residence is 50%.

Percentage Used As Primary Residence

If your property contains four or more residential units, indicate the percentage used as your primary residence.

Example: if the property is a four-family dwelling and you reside in one-fourth (1/4) of the property, the percentage used as primary residence is 25%. Or, if the owners reside in half of the property (two of the four units) the percentage used as primary residence is 50%.

4. Owner information:

Please complete the entire section for all owners and their spouses. If you are a foreign national, please provide your Individual Taxpayer Identification Number (ITIN).

5. Transfer of Veterans Exemption:

If you received a Veterans Exemption for a property and can show proof that your previous residence was granted the exemption, you may be able to transfer the exemption to a new property. Both residences must be located in New York State. This application must be received within 30 days of the purchase of the new property. To qualify for the following tax year, the application must be postmarked on or before March 15th. If the property is granted the exemption it will be prorated.

6. Additional Property Information:

If you own an additional property outside of New York City and are no longer receiving benefits, you must submit a letter from the county/state local assessor's office indicating there are no benefits for your other property. If you or your spouse own additional/multiple properties, please complete the "Additional Property Information" section on pages 3 and 4 of the application.

Note: If you are currently receiving the Eligible Funds exemption, which does not require primary residency, and wish to apply for the Alternative Veterans Exemption, the property must be the veteran's primary residence. If approved for the Alternative Veterans Exemption, you will lose the Eligible Funds exemption permanently.

7. Submit your application and copies of the required documentation to:

NYC Department of Finance
P.O. Box 311
Maplewood, NJ 07040-0311

Application and all required documentation must be postmarked by **March 15**. Keep a copy of your application for your records. You will receive an acknowledgment letter from the Department of Finance when your application is received.

Required Documents

Proof of Veteran Status

- Copy of DD214 or its equivalent
- Copy of separation papers

NOTE: The DD214 (or its equivalent) and/or separation papers are REQUIRED and must be submitted with the application.

AND COPIES of one of the following, if applicable:

- Marriage certificate, if a spouse is applying for the exemption based on the military service of the veteran and the veteran is not on the deed.
- Death certificate, if you are an unremarried surviving spouse or Gold Star parent.
- Veterans Administration award letter with service-connected disability rating, if the veteran is disabled.
- Copy of New York State Department of Veterans' Services Restoration of Honor letter (required only if the veteran received an other-than-honorable discharge)

To obtain DD214 and separation papers, contact:

National Personnel Records Center

1 Archives Drive
St. Louis, Missouri 63138
www.archives.gov/veterans
(866) 272-6272

NOTE: Additional documentation may be needed in the following cases:

- If the property is a cooperative, please provide a copy of the stock certificate.
- If the property is held in a trust, please submit a completed Property Exemptions Trust & Life Estate Certification Form available at www.nyc.gov/dof/vet.
- If the property was willed to an owner, please submit a copy of last will and testament, probate or court order.

Veterans Exemption Initial Application

This application and all required documents must be submitted (and postmarked) by March 15.
For assistance, visit www.nyc.gov/contactpropexemptions or call 311.

PLEASE PRINT

1. PROPERTY INFORMATION

| | | | |
|--|--|-----------------------------------|-------------------------|
| BOROUGH | BLOCK | LOT | # OF COOPERATIVE SHARES |
| STREET ADDRESS | | | APT. |
| CITY | | STATE | ZIP |
| TYPE OF PROPERTY <input type="checkbox"/> Condominium unit <input type="checkbox"/> 1–3 family dwelling <input type="checkbox"/> Cooperative <input type="checkbox"/> 4+ family dwelling | | | |
| DWELLINGS WITH 4 OR MORE UNITS, ENTER % OF SPACE USED FOR PRIMARY RESIDENCE: _____ % | | | |
| DATE YOU PURCHASED THE PROPERTY (mm/dd/yyyy) | COOPERATIVE/CONDO MANAGEMENT INFORMATION | | |
| | COMPANY NAME | TELEPHONE NUMBER () – | |
| IS THIS PROPERTY USED EXCLUSIVELY FOR RESIDENTIAL PURPOSES? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO: PROVIDE % USED FOR NON-RESIDENTIAL PURPOSES _____ % | | | |
| IS THERE A LIFE ESTATE FOR THIS PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| IS THERE A TRUST FOR THIS PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| WAS THE PROPERTY WILLED TO YOU? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

2. VETERANS INFORMATION

For Proof of Veteran Status

- Copy of DD214 or its equivalent
- Copy of separation papers

NOTE: The DD214 (or its equivalent) and/or separation papers are REQUIRED and must be submitted with the application.

AND COPIES of one of the following, if applicable:

- Marriage certificate, if a spouse is applying for the exemption based on the military service of the veteran and the veteran is not on the deed.
- Death certificate, if you are an unremarried surviving spouse or Gold Star parent.
Veterans Administration award letter with service information connected disability rating, if the veteran is disabled.
- For a life estate, provide owner information for life estate holder and spouse.
- For a trust, provide owner information for qualifying beneficiary or trustee and submit completed Property Exemptions Trust & Life Estate Certification Form available at www.nyc.gov/dof/vet.
- If the property is a cooperative, please provide a copy of the stock certificate.
- If the property was willed to an owner, please submit a copy of last will and testament, probate or court order.
- For owner receiving medical care in a health care facility, submit an official letter from the health care facility..

Veterans Exemption INITIAL APPLICATION

2. OWNER(S) INFORMATION (CONTINUED)

Owner 1

Relationship to Veteran (check one): Self ☐ Spouse ☐ Unmarried Surviving Spouse ☐ Gold Star Parent ☐

| | | |
|---------------------------------------|--|---|
| NAME (FIRST, LAST) | | |
| DATE OF BIRTH (mm/dd/yyyy) | SOCIAL SECURITY NUMBER / ITIN | |
| 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 |

Owner 2:

Relationship to Veteran (check one): Self ☐ Spouse ☐ Unmarried Surviving Spouse ☐ Gold Star Parent ☐

| | | |
|---------------------------------------|--|---|
| NAME (FIRST, LAST) | | |
| DATE OF BIRTH (mm/dd/yyyy) | SOCIAL SECURITY NUMBER / ITIN | |
| 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? ☐ Yes ☐ No

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for applicants and income-earning occupants is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Such numbers disclosed on any reports or returns are requested for tax administration purposes and will be used to facilitate the processing of reports and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance. Such numbers may also be disclosed as part of information contained in the taxpayer's return to another department, person, agency or entity as may be required by law, or if the applicant or income-earning occupants give written authorization to the Department of Finance.

Veterans Exemption INITIAL APPLICATION

3 ADDITIONAL OWNER(S) (CONTINUED FROM SECTION 2)

Owner 3:

Relationship to Veteran (check one): Self ☐ Spouse ☐ Unremarried Surviving Spouse ☐ Gold Star Parent ☐

| | | |
|---------------------------------------|--|---|
| NAME (FIRST, LAST) | | |
| DATE OF BIRTH (mm/dd/yyyy) | SOCIAL SECURITY NUMBER / ITIN | |
| STREET ADDRESS | | APT. |
| CITY | STATE | ZIP |
| TELEPHONE NUMBER () - | CELL PHONE NUMBER () - | |
| EMAIL ADDRESS | | IS THIS THE PRIMARY RESIDENCE OF OWNER 3? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| RELATIONSHIP TO OWNERS 1 AND 2 | | |

4. ADDITIONAL PROPERTIES OWNED (IF ANY)

Complete the following for each additional property.

If the property is in New York City, please provide the borough, block, and lot number.

Additional property 1:

| | | | | |
|--|-------|-------|-----|-----------|
| BOROUGH | BLOCK | LOT | OR | PARCEL ID |
| OWNER(S) NAME | | | | |
| STREET ADDRESS | | | | APT |
| CITY | | STATE | ZIP | |
| EXEMPTIONS RECEIVED <input type="checkbox"/> Basic STAR/Enhanced STAR <input type="checkbox"/> Senior <input type="checkbox"/> Disabled <input type="checkbox"/> Veterans <input type="checkbox"/> Other: | | | | |
| Was the property recently sold? If yes, provide sale date (mm/dd/yyyy) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

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4. ADDITIONAL PROPERTIES OWNED (CONTINUED)

Additional property 2:

| | | | | |
|--|-------|-------|-----|-----------|
| BOROUGH | BLOCK | LOT | OR | PARCEL ID |
| OWNER(S) NAME | | | | |
| STREET ADDRESS | | | | APT |
| CITY | | STATE | ZIP | |
| EXEMPTIONS RECEIVED <input type="checkbox"/> Basic STAR/Enhanced STAR <input type="checkbox"/> Senior <input type="checkbox"/> Disabled <input type="checkbox"/> Veterans <input type="checkbox"/> Other: | | | | |
| Was the property recently sold? If yes, provide sale date (mm/dd/yyyy) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Note: If you are currently receiving the Eligible Funds exemption, which does not require primary residency, and wish to apply for the Alternative Veterans Exemption, the property must be the veteran's primary residence. If approved for the Alternative Veterans Exemption, you will lose the Eligible Funds exemption permanently.

5. 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 should the Department of Finance determine that I made false statements, I may lose my future exemptions and be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.

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 |
| PRINT NAME OF OWNER 3 | SIGNATURE OF OWNER 3 | DATE OF APPLICATION |

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

Did you remember to...

- ☐ Check over the application to make sure all questions have been answered?
- ☐ Include copies of all required documentation?
- ☐ Sign and date the application?
- ☐ Keep a copy of the completed application for your records?

Mail your completed application and all required documentation by March 15, to:

New York City Department of Finance
P.O. Box 311
Maplewood, NJ 07040-0311

You will receive an acknowledgment when your application is received.

For assistance, visit **www.nyc.gov/contactpropexemptions** or call **311**.