NEW YORK STATE

Department of Taxation and Finance
Office of Real Property Tax Services

Certification of Eligibility for Residential-Commercial Urban Exemption Program

RP-485-a-C
(1/22)

File this form in the years in which you receive the Residential-Commercial Exemption after the initial application year.

File with your local assessor by the taxable status date.

Do **not** file this form with the Office of Real Property Tax Services.

Name of applicant(s)	
Mailing address *(number and street or PO Box)*	Location of property *(street address)*
City, village, or post office State ZIP code	City, town, or village State ZIP code
Daytime contact number	Evening contact number
Email address *(optional)*	Tax map number of section/block/lot: Property identification *(see tax bill or assessment roll)*

1. Types of residential use: _____

    a. Total square footage of above-grade residential use: _____

    b. Total square footage of below-grade residential use: _____

2. Types of commercial use: _____

    a. Total square footage of above-grade commercial use: _____

    b. Total square footage of below-grade commercial use: _____

3. Is the commercial portion of the property actively used for commercial purposes and open to the public?
(Mark an X in the appropriate box) .... Yes ☐   No ☐

    a. If no, explain why it is not: _____

_____

4. Specific address of the entrance through which the public enters the commercial portion of the building: _____

_____

5. Certification

I (we) certify that all statements made on the application are true and correct to the best of my (our) belief. I (we) certify that the property complies with the eligibility provisions of the program and of any local law. I(we) attest that the portion of the building used for commercial purposes is used as such or is in good faith contemplated. I(we) understand that any willful false statement of material fact or non-compliance will be grounds for revocation of the exemption, repayment of any benefits received, and a fine of $1000.

Signature (All owners must sign this application)	Phone number	Date

— This Area for Assessor's Use Only —

Date certification filed: _____   Approved ☐   Disapproved ☐

Reason for disapproval: _____

Assessor's signature	Date

www.tax.ny.gov