

NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR PARTIAL EXEMPTION FOR REAL PROPERTY OF PHYSICALLY DISABLED CRIME VICTIMS

(General information and instructions for completing this form are contained in Form RP-459-b-Ins)

1.	Name and telephone number of owner (s)	2.	Mailing address of owner (s)
	Day No. () Evening No. ()		
3.	Location of property (see instructions)		
	Street address		Village (if any)
	City/Town		School District
	Property identification (see tax bill or assessment roll) Tax map number or section/block/lot:		
Sec	ction 1:		
4.	 a. Is the property a one, two or three family residence used solely for residential purposes? Yes No b. Does a disabled person reside in the residence? Yes No c. Did such person become disabled as the result of being the victim of a crime or being a Good Samaritan? Yes No 		
	enswer to any part of question 4 is no, do not complete exemption.	e the	e remainder of this form; property is not eligible
5.	Name of disabled person: Relationship to owner of property:		
6.	Description of nature of disabled person's permanent phonore major life activities (e.g. walking):		
7.	Description of improvement to property:		
8.	Date of completion of improvement:		
9.	Cost of improvement:		
TH CC DI:	DISABLED PERSON IS LEGALLY BLIND, ATTACH IE BLIND AND VISUALLY HANDICAPPED AND AN IMPLETE SECTION 2. IF DISABLED PERSON IS SU SABILITY OTHER THAN BLINDNESS, HAVE PHYS ISWER QUESTION 10.	NSW IFFE	ER QUESTION 10, OR HAVE PHYSICIAN ERING FROM A PERMANENT PHYSICAL
10.	Explain how improvement facilitates and accommodate	s dis	sabled person's use and accessibility of residence.

RP-459-b rev. (11/01) 2 11. Copy of police report, report from Office of Victim Services or other documentation substantiating that disability resulted from a crime is attached. Yes \square No I certify that all statements made above are true and correct. Signature of Owner (or Owner's Representative *) * If owner is physically unable to complete this form, it may be completed by the owner's spouse, child or parent, or by some other representative of the owner. Explain representative's relationship to the owner. Section 2: Physician's name New York State License no. Date of Issue Office address Patient's name 4. Patient's address: _____ 5. a. Does patient have a permanent physical impairment which substantially limits one or more major life activities (e.g. walking)? Yes \square No b. If yes, description of patient's permanent physical disability: 6. Explain how improvement to real property facilitates and accommodates patient's use and accessibility of property: I certify that all statements made in this section are true and correct to the best of my knowledge and professional belief. Signature of physician Date ———— SPACE BELOW FOR ASSESSOR'S USE — Date application filed_____ Application approved Application disapproved Applicable taxable status date_____ (a) Assessed valuation of parcel including value attributable to improvements made to facilitate use and accessibility of property by physically disabled person.....\$ (b) Assessed valuation of parcel excluding value attributable to improvements made to facilitate use and accessibility of property by physically disabled person.....\$ Assessed valuation of exemption granted [(a) less (b)]\$

Date Signature of assessor