



**APPLICATION ENHANCED STAR**

**School Tax Relief Program**  
**For the 2016/2017 Property Tax Year**  
*(December 2016 - November 2017)*

<b>FOR OFFICE USE ONLY:</b>		<b>NEW</b>	<input type="checkbox"/>
PB 2/29/2020	<input type="checkbox"/>	PE IVP	<input type="checkbox"/>
PE TRAD	<input type="checkbox"/>	P467	<input type="checkbox"/>

Name and tax billing address of owner(s)

Legal address of owner(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION OF PROPERTY**

Street Address

School District

Post Office

Daytime Telephone Number(s)

Property tax map number: \_\_\_\_\_

**Income Verification Program (IVP) YOU MUST FILE N.Y.S INCOME TAX RETURN TO PARTICIPATE**

*I authorize the NY State Department Of Taxation and Finance to verify my income taxes annually beginning in 2017.*

Social Security # _____	Owner	Social Security # _____	Spouse
_____	Signature	_____	Signature

**Age and Income requirements for ENHANCED STAR (circle YES or NO):**

1. Are all owners at least 65 years of age as of December 31, 2016, or if the property is owned by a husband, wife or siblings, is one spouse or one sibling at least 65 years of age as of December 31, 2016? **YES NO**

2. Is the total annual income of all owners and any owners' spouses or in the case of sibling co-owners residing on the property \$84,550 or less? (See definition of income for ENHANCED STAR purposes on Instruction Sheet): **YES NO**

*If the answer to both question 1 and 2 is yes, all owners, including non- resident owners, must attach the 2014 Federal or State Income Tax return- both front and signed back page. (Tax schedules and tax form attachments are not required)*

**Caution: Anyone who misrepresents his or her primary residence, age or income may be subject to a \$100 penalty, may be prohibited from receiving the STAR exemption for five years, and may be subject to criminal prosecution.**

I (we) certify that all the above information is correct and that the property listed above is owned by and is my (our) primary residence.  
I (we) understand it is my (our) obligation to notify the assessor if (we) relocate to another primary residence and to provide any documentation of eligibility that is requested.

**Sign and date**

\_\_\_\_\_ date

\_\_\_\_\_ date

**REQUEST FOR MAILING OF NOTICE TO A THIRD PARTY  
REGARDING ENHANCED STAR EXEMPTION**

**INSTRUCTIONS:** A senior citizen eligible for the *ENHANCED STAR* exemption may use this form to request that a notice be sent to an adult third party to assist the senior citizen fulfill the eligibility requirements regarding *ENHANCED STAR*.

**This form must be submitted to the ASSESSORS OFFICE no later than March 1, 2016**

THIS SECTION TO BE COMPLETED BY  
RECIPIENT OF ENHANCED STAR EXEMPTION

1. \_\_\_\_\_  
Your Name

2. \_\_\_\_\_  
Mailing Address

\_\_\_\_\_

City State Zip Code

3. \_\_\_\_\_  
TAX MAP #

I request that a notice be mailed to the person whom I have designated below. In making this request I understand that no state or local government employee has any liability for any reason the notice is not mailed to or not received by my designee.

4. \_\_\_\_\_  
Signature Date

THIS SECTION TO BE COMPLETED BY THIRD PARTY

1. \_\_\_\_\_  
Third Party Name

2. \_\_\_\_\_  
Mailing Address

\_\_\_\_\_

City State Zip Code

3. \_\_\_\_\_  
Day Telephone No.

I consent to the designation provided by this form.

4. \_\_\_\_\_  
Third Party Signature Date