



RETURN BY MAY 1, 2025 (No Exceptions)

RP-467 (10/23)

Application for Senior Citizens Exemption

Department of Taxation and Finance Office of Real Property Tax Services

For help completing this application, see Form RP-467-I, Instructions for Forms RP-467 and RP-467-Rnw. You must file this application with your local assessor by the taxable status date. Do not file this form with the Office of Real Property Tax Services.

Please be sure to answer all questions and sign the application

Form with fields for Name(s) of owner(s), Mailing address, Location of property, City, village, or post office, State, ZIP code, Daytime contact number, Evening contact number, School district, Email address, Tax map number, Name(s) of any non-owner spouse(s), and Address(es) of primary residence(s).

(Identification for all owners must be submitted, regardless of age)

1 Indicate which documents you included with this application as proof of age of owners (see instructions):

Driver license [ ] Birth certificate [ ] Other (specify) [ ] \_\_\_\_\_

2 Date you acquired ownership of property (see instructions): \_\_\_\_\_

3 Indicate document included with application as proof of ownership (see instructions): Not required unless property is owned for less than one year or if property is owned in the name of a Trust or Life Estate.

Deed [ ] Other (specify) [ ] \_\_\_\_\_ If ownership is in the name of a Trust, a copy of the complete trust document must be submitted.

4 Do all the owners of the property presently occupy the premises as their legal primary residence? Yes [ ] No [ ] If Yes, skip to line 5.

4a Is an owner receiving medical care as an inpatient in a residential health care facility? Yes [ ] No [ ] If Yes, list the name and location of the facility.

\_\_\_\_\_

4b Is the non-resident owner the spouse or former spouse of the resident owner? Yes [ ] No [ ] If No, skip to line 5.

4c Are they absent from the residence due to divorce, legal separation, or abandonment? Yes [ ] No [ ]

5 Is any portion of the property used for purposes other than residential, such as commercial, or professional offices? Yes [ ] No [ ] If Yes, explain such use and describe the portion that is so used.

\_\_\_\_\_

6 Did the owner or spouse file a federal income tax return for the applicable income tax year (2023)? (see instructions to determine the applicable income tax year) Yes [ ] No [ ] If Yes, attach copy of such return (if you did file a return or returns for the applicable income tax year, but do not have a copy, see the instructions).

If No, complete Form RP-467-Wkst, Income Worksheet for Senior Citizens Exemption. Any spouse or owner completing RP-467-Wkst should skip questions 7 through 7c

# RETURN BY MAY 1, 2025

Use your 2024 Federal Tax Return. Your signed 2024 tax return and all supporting documentation must be submitted with this application.

**7** List the federal adjusted gross income (FAGI) (see instructions) of each owner and spouse of each owner for the applicable income tax year (2023). Attach additional sheets if necessary. (See instructions to determine the applicable income tax year and the income to be included.)

A Name of owner(s)	B FAGI
For Town/County the total combined income limit for 2025 application is a maximum of \$58,399 which is the 2024 Federal Adjusted Gross Income (FAGI). Other income adjustments may apply. School limits may be different.	
<b>7a Total FAGI of owner(s)</b> (add column B) .....	<b>7a</b>

A Copy of your complete & signed 2024 Federal Tax Return and all back-up documentation (1099's, W-2's) must be submitted with this application.

A Name of spouse(s) if not owner of property	B FAGI
<b>7b Total FAGI of spouse(s)</b> (add column B) .....	<b>7b</b>
<b>7c Total FAGI of owner(s) and spouse(s)</b> (add lines 7a and 7b) .....	<b>7c</b>

**8 Total** income from RP-467-Wkst. Enter 0 if not applicable. \*See.Below..... 8

**9** If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which the property is located (see instructions), enter the unreimbursed medical and prescription drug costs (deduct any amounts reimbursed by insurance). ..... 9

**10** Of the income specified in 7c or line 8 of Form RP-467-Wkst how much, if any, was used to pay for an owner's care in a residential health care facility? Attach proof of amount paid; enter 0 if not applicable (see instructions). ..... 10

**Note:** There are various adjustments to income regarding eligibility for this exemption. Some of the adjustments are subject to local option by your taxing jurisdictions (municipality, school district, and county). The assessor will determine your income after applying the adjustments available in your taxing jurisdictions.

**11** Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades Pre-K through 12? ..... Yes  No   
If Yes, complete lines 11a and 11b. (this will be verified with the school district)

**11a** List the name and location of each school: \_\_\_\_\_  
\_\_\_\_\_

**11b** Was the child (or were the children) brought into the residence in whole or in substantial part for the purpose of attending a particular school within the school district? ..... Yes  No

Is any part of your property rented to a tenant or a family member? ..... Yes [ ] No [ ]

**\*If you do not file a tax return, you must complete the attached income worksheet and include all 2024 end of year income documentation (1099's, W-2's, etc).**

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I (we) certify that all statements made on this application are true and correct to the best of my (our) belief. I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, as well as a fine.

Signature (If more than one owner, all must sign)	Birth Date	Marital Status	Date

**IMPORTANT SIGNATURE INFORMATION:** If property is owned in the name of a Trust or Life Estate, signature must be in the name of the Trust or Life Estate.

Trust signature example: John Smith on behalf of the Smith Family Trust (use the name of your Trust)

Life Estate signature example: John Smith, Life Estate

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### For Assessor's Use Only

Date application filed \_\_\_\_\_

Exemption applies to taxes levied by or for:

Action on application: Approved  Disapproved

Proof of age submitted

Proof of ownership submitted

Proof of income submitted

Town \_\_\_\_\_ %

County \_\_\_\_\_ %

School \_\_\_\_\_ %

Village \_\_\_\_\_ %

City \_\_\_\_\_ %

Assessor's name ( <i>print</i> )
Assessor's signature

Date
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**NOTE:** if your application is approved, you will first see a reduction in your taxes in the 2026 April County/Town tax bill.

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This form does not need to be completed if you filed a 2024 Federal Tax Return.



Department of Taxation and Finance  
Office of Real Property Tax Services

**RP-467-Wkst**  
(8/23)

# Income Worksheet for Senior Citizens Exemption

To be used by individuals filing Forms RP-467 or RP-467-Rnw who are **not** required to file a federal income tax return.

All 2024 end of year income statements must be attached to this worksheet (1099's, W-2's etc.)

Name of owner(s) and owner(s) spouse(s)
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**Location of property**

Street address	City/town
Village (if any)	School district

Applicable income tax year (see note below) 2024

**Note:** In localities where the taxable status date is **before** April 15, the applicable income tax year is two years prior to the current calendar year. In localities where the taxable status date is **on or after** April 15, the applicable income tax year is the most recent calendar year. To confirm if your locality has a taxable status date of April 15 or later, see Form RP-467-I.

Enter the amounts below that would have been reported if you were required to file a federal or state income tax return (round to the nearest whole dollar). To round to the nearest dollar, drop amounts that are less than 50 cents (for example, \$1.39 becomes \$1) or increase amounts that are 50 cents or more to the next dollar (for example, \$2.50 becomes \$3).

1 Total wages, salaries, and tips (attach W-2(s)) .....	<b>1</b>	
2 Total interest income and dividends .....	<b>2</b>	
3 Unemployment compensation .....	<b>3</b>	
4 Total IRA distributions (attach all Forms 1099-R) .....	<b>4</b>	
5 Total pensions and annuities other than IRA's (attach all Forms 1099-R) .....	<b>5</b>	
6 Total Social Security benefits (attach Form SSA1099) .....	<b>6</b>	
7 Other income* .....	<b>*7</b>	
Types of other income: _____		
8 Add lines 1 through 7. Enter the total on line 8 of Form RP-467 or RP-467-Rnw .....	<b>8</b>	

**\*If part of your property is rented, you must complete the attached Rental Income Worksheet**

**Certification**

I (we) certify that all of the above information is correct and that I am (we are) not required to file a federal income tax return.

All owner(s) and their spouse(s) **must** sign and date below.

Signature	Date
Signature	Date
Signature	Date
Signature	Date

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**FILING DEADLINE IS MAY 1st, 2025**

## Residential RENTAL Income Statement For Calendar Year 2024

### Town of Cortlandt

Office of the Assessor  
1 Heady Street  
Cortlandt Manor, NY 10573

**\*\*Please complete this form only  
if part of your property is rented.\*\***

Name of Owner(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Section/Block/Lot: \_\_\_\_\_

**If a portion of your property is rented and you do not file a tax return, you must complete this form.**

~ Check type of residence: [ ] 2-Family [ ] 3-Family [ ] 4-Family [ ] Other (accessory apt., cottage, in-law suite, etc.)

~ Are the expenses listed below for your ENTIRE residence? [ ] YES [ ] NO

~ Are the expenses listed below for the rental portion ONLY? [ ] YES [ ] NO

Residential Rental	ANNUAL INCOME
<b>GROSS RENT:</b>	
	ANNUAL EXPENSES
Real Estate Taxes	
Homeowners Insurance	
Maintenance/Repairs	
Heat <i>(if tenant does not pay)</i>	
Water <i>(if tenant does not pay)</i>	
Gas <i>(if tenant does not pay)</i>	
Electric <i>(if tenant does not pay)</i>	
Other Expenses _____	
Other Expenses _____	
<b>TOTAL ANNUAL EXPENSES:</b>	
<b>NET ANNUAL INCOME:</b>	