RETURN BY MAY 1, 2025 (No Exceptions)

Complete and return both applications.



YORK STATE Application for Enhanced STAR

RP-425-E

Department of Taxation and Finance Office of Real Property Tax Services

Exemption for the 2025-2026 School Year

You must submit Form RP-425-IVP, Supplement to Form RP-425-E, with this form.

Note: The STAR exemption program is closed to new applicants. This form is primarily for use by property owners with Basic STAR exemptions who wish to apply and are eligible for the Enhanced STAR exemption. If you are a new homeowner or first-time STAR applicant, you may be eligible for the STAR credit. Register with the NYS Tax Department at www.tax.ny.gov/star. For a list of who else should use this form, see the instructions on page 3.

| Name(s) of owner(s) (See Application instructions on page 3 regarding properties held in trusts or life estates.) | | | | | | | | | |
|---|---|---|-------------------------------|-----------------------|-----------|-------------|--------------|--|--|
| Pro | operty identification: Tax map number or section/block/lot (see ta | ax bill or ass | sessment roll) | | | | | | |
| Location of property (street address) | | | | | | Unit number | | | |
| Cit | y, town, or village | | | State | ZIP code | | | | |
| Ma | ailing address of owner(s) (number and street - include unit number - | or PO Box) | City, village, or post office | | State | ZIP code |) | | |
| Phone number | | | Email address | | | | | | |
| Tr | this property held in a: ust? Yes No | If the property is held in a trust, what is the legal name of the trust? *NOTE: A copy of the trust document must be submitted with this application. | | | | | | | |
| 1 | Mark an <i>X</i> in the applicable boxes below: 1 Did you have a STAR exemption on this property for the 2015-2016 school year? | | | | | | | | |
| _ | Will all owners be at least 65 years of age as of December 31, 2025, or if the property is owned by a married couple or by siblings, will at least one of the spouses or siblings be at least 65 years of age as of December 31, 2025? If Yes, provide proof of age. | | | | 5 years | Yes | No 🗌 | | |
| 3 | Is the total 2023 combined income of all the owners, and of any owners' spouses residing on the premises, less than or equal to \$107,300? (See Income for STAR purposes on page 3.) | | | | | Yes | No 🗌 | | |
| | Note: If you answered <i>Yes</i> to both questions 2 and 3, you must attach a copy of the 2023 federal or 2023 state income tax returns for all owners, including nonresident owners. If your assessor needs tax schedules and tax form attachments, they will contact you. The assessor may also require proof of age. | | | | | | | | |
| | If you were not required to file a federal or New York State income tax return for 2023, submit Form RP-425-Wkst, <i>Income for STAR Purposes Worksheet</i> , to the assessor. | | | | | | | | |
| If you answered <i>No</i> to either question 2 or 3, then you do not qualify for the Enhanced STAR exemption, but may continue to receive Basic STAR. | | | | | | | | | |
| 4 | Do you or your spouse own another property that York State or a residency-based tax benefit in and exemption? | other sta | te, such as the Florida | emption in Homeste | New ad | Yes | No 🗌 | | |
| | If Yes, attach a list with the address and exemp | otion or b | penefit information of e | ach prope | rty. | | | | |

(continued)

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Date

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Certification

Caution: Anyone who misrepresents their primary residence, age, or income:

- will be subject to a penalty of the greater of \$100 or 20% of the improperly received tax savings,
- · will be prohibited from receiving the STAR exemption or STAR credit for six years, and
- · may be subject to criminal prosecution.

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

All resident owners must sign and date this form. Attach additional sheets, if necessary. Signature Date Signature

| Signature | Date | Signature | Date |
|-----------|------|-----------|------|
| | | | |

| eturn this form with Form RP-425 | 5-IVP and proof of income to yo | ur local assessor by taxable status d | ate (see Deadline below). | | | | | | |
|---|---------------------------------|---------------------------------------|---------------------------|--|--|--|--|--|--|
| This Area for Assessor's Use Only | | | | | | | | | |
| Date application received: Proof of age: Proof of income: Proof of residency: | Yes No Yes No Yes No | Form RP-425-IVP received: Approved: | Yes No Yes No | | | | | | |
| Assessor's signature | Date | е | | | | | | | |

Please submit the following with this application:

- · Completed and signed applications
- 2023 Federal Tax Return (first 4 pages)
- Drivers license or photo ID with proof of age
- Complete Trust document (if property is held in a trust)

NOTE: If you did not file a 2023 tax return, you must complete the Enhanced STAR income worksheet. Please contact the Town of Cortlandt Assessors office to request the income worksheet be sent to you.

Assessment Contact Information

Office: (914) 734-1040

E-mail: Assessor@TownOfCortlandt.com

Complete and return both applications.

Instructions

You must submit Form RP-425-IVP with this form when applying for the Enhanced STAR exemption.

General information

The Enhanced STAR exemption reduces the school tax liability for qualifying senior citizens by exempting a portion of the value of their home from the school tax.

To qualify, the home must be:

- · owner-occupied, and
- the homeowners' primary residence.

The combined 2023 income of all owners, and any spouses who reside on the property must be less than or equal to \$107,300 **and** you must have had a STAR exemption on the same property for the 2015-2016 school year.

In the first year, the assessor will verify your eligibility based on the income information you provide (see *Proof of income for STAR purposes*). In the following years, the New York State Department of Taxation and Finance will verify your income eligibility. You will not need to reapply for the exemption or provide copies of your tax returns to your local assessor.

Who should use this form:

Since the STAR exemption is closed to new applicants, you should only use this form if:

- you already have a Basic STAR exemption and believe you are now qualified for an Enhanced STAR exemption, or
- (2) you already have an Enhanced STAR exemption and need to reapply due to a change of ownership resulting from:
 - · marriage,
 - · divorce,
 - surrender of interest by a co-owner,
 - · survivorship,
 - trusts,
 - life estates, or
 - name change(s).

Note: If you are currently receiving a check for a STAR credit, you cannot apply for the STAR exemption. You cannot switch from the STAR credit to the STAR exemption.

Deadline: You must file this application **and proof of income**, **proof of age**, **and Form RP-425-IVP** with your local assessor on or before the applicable taxable status date, which is generally March 1.

Exceptions:

- In the Village of Bronxville, it is January 1.
- · In Nassau County, it is January 2.
- In Westchester towns, it is either May 1 or June 1.
- · In cities, check with your assessor.

For further information, ask your local assessor. Visit our website or your locality's website to find your local assessor's contact information.

Do not file this form with the New York State Department of Taxation and Finance or the Office of Real Property Tax Services.

Application instructions

Print the name and mailing address of each person who **owns** the property, including any non-resident owners. (If the title to the property is in a trust, or is held in a life estate, the trust beneficiaries or life tenants are deemed to be the owners for STAR purposes.) There is no single factor which determines whether the property is your primary residence, but the assessor will consider factors such as voting location, automobile registrations, and the length of time you occupy the property each year. The assessor may ask you to provide proof of residency and ownership.

You can find the parcel identification number on either the assessment roll or your tax bill.

If your primary residence changes after you have been granted the exemption, you must notify the assessor.

Proof of income for STAR purposes

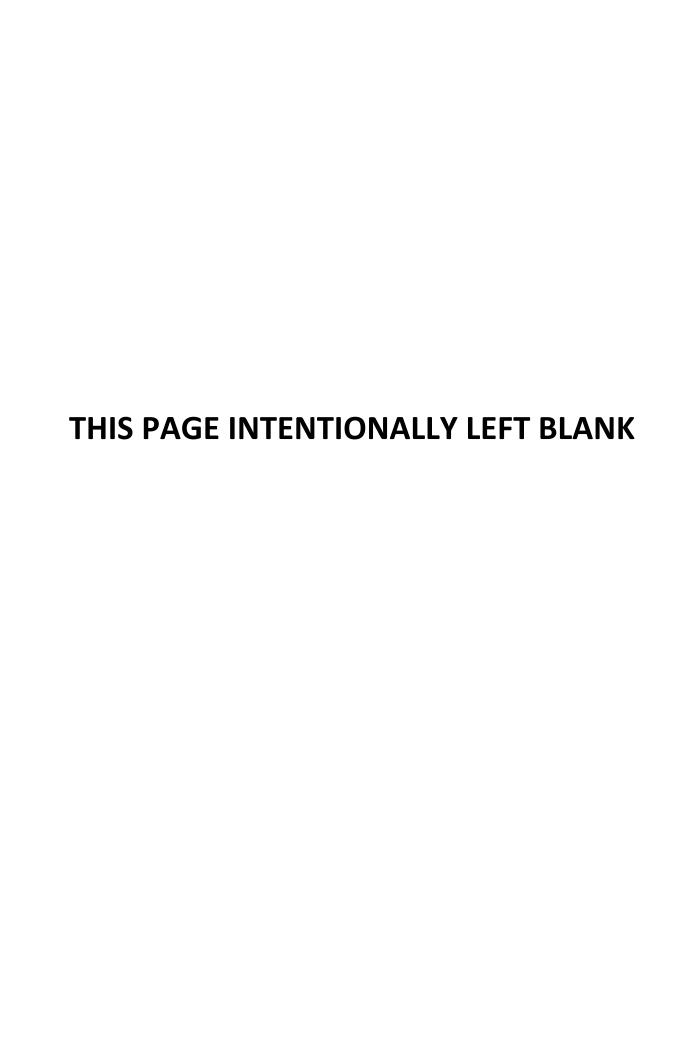
You are required to submit proof of income with this form. Proof of income is your 2023 federal or state income tax return. **Do not** submit your 2024 tax forms. If you were not required to file a federal or New York State income tax return for 2023, complete Form RP-425-Wkst, and submit it to the assessor along with this form. To determine your income eligibility, use the following table to identify line references on your 2023 federal or state income tax returns.

| Form number | Title of income tax form | Income for STAR purposes | | | |
|----------------------|-----------------------------------|--|--|--|--|
| Federal Form 1040 | U.S. Individual Income Tax Return | Adjusted gross income (line 11) minus taxable portion of IRA distributions (line 4b) | | | |
| NYS Form IT-201 | Resident Income Tax Return | Federal adjusted gross income (line 19) minus taxable portion of IRA distributions (line 9) | | | |

Proof of age for STAR purposes

You must provide satisfactory proof of age. You may provide proof from one of the following:

- Driver license
- · Birth certificate
- Voter's registration record
- · Census record
- Insurance record
- · Marriage record
- Passport
- Military record
- Immigration document





Department of Taxation and Finance Complete and return both applications RP-425-IVP

Supplement to Form RP-425-E Mandatory for all Enhanced STAR Applicants

When applying for the Enhanced STAR exemption, you must submit this form to your assessor along with your Enhanced STAR application form and proof of income. For more information, see page 3.

| Name(s) of owner(s) (If a property is held in trust | or under a life estate, o | enter names of the trust ben | eficiaries or life tenants.) | | | | | |
|--|------------------------------|---|--|------------|--|--|--|--|
| | | | | | | | | |
| Location of property (street address; include unit num | nber) | Mailing address of own | er(s) (number and street - include unit number | or PO Box) | | | | |
| City, town, or village State | ZIP code | City, village, or post offi | ce State ZIP code | } | | | | |
| School district | | Phone number | | | | | | |
| Property identification: Tax map number or section/block/lot | t (see tax bill or assessmen | troll) Email address | | | | | | |
| Is this property held in a: Trust? Yes No Life estate? Yes No | If the | property is held in a trust, w | hat is the legal name of the trust? | | | | | |
| All owners of the property, and any owner's spouse who resides on the premises, must provide their Social Security numbers and sign the authorization below. Failure to do so will result in denial of the Enhanced STAR exemption. Authorization I (we) authorize the New York State Department of Taxation and Finance to annually verify, using my (our) Social Security number(s) supplied below, whether my (our) income is less than or equal to the applicable annual income standard for purposes of the Enhanced STAR exemption. First owner information – Provide information for every owner, and any spouse even if not an owner. | | | | | | | | |
| First name and middle initial | | Last name | | Suffix | | | | |
| Social Security number | Date of birth (mm/dd/) | yyyy) | Is this your primary residence? Yes No | | | | | |
| Mark all that apply: Owner | an owner 🗌 *Siblir | ng of another owner | * Provide name(s) of spouses and sibling | js below. | | | | |
| Name(s) and relationship(s) of spouse or sibling/o | owner: | | | | | | | |
| Income information for first year of application (se | ee instructions): | | | | | | | |
| Calculated income \$ Tax year Income documentation (mark one below): | | | | | | | | |
| Federal Form 1040 NYS Form IT-201 Form RP-425-Wkst (see instructions) | | | | | | | | |
| Filing status: Single Married filing joint Married filing separate Head of household Qualifying widow(er) | | | | | | | | |
| Signature | | | Date | | | | | |
| (continues on page 2) | | | 1 | | | | | |
| For assessor's use only | | | | | | | | |
| Municipal code 5552200 | Ownership code | (Enter M or C if this property is | a mobile home or a cooperative) | | | | | |

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Complete and return both applications

| Additional owner or spouse information | - Provide information | on for every owner, | and any | spouse ever | n if not an o | wner. | |
|---|---|---------------------------------------|---------|----------------|------------------|----------------------|-------------|
| First name and middle initial | | Last name | | | | | Suffix |
| | | | | | | | |
| Social Security number | Date of birth (mm/do | d/yyyy) | | Is this your p | rimary reside | nce? | |
| | | | | Ye | s 🗌 | No | |
| Mark all that apply: Owner *Spouse or | f an owner 🔲 *Sib | ling of another owner | * | Provide name | (s) of spouse | es and sibling | gs below. |
| Name(s) and relationship(s) of spouse or sibling | g/owner: | | | | | | |
| Income information for first year of application (| see instructions): | | | | | | |
| Calculated income \$ | Tax y | ear | | Inco | me documer | ntation <i>(mark</i> | one below): |
| Federal Form 1040 | NVC Form IT 2 | 004 | Farm | | | | ŕ |
| | NYS Form IT-2 | | | RP-425-Wks | | | r) 🗆 |
| Filing status: Single Married filing j Signature | oint 🔝 Married i | iling separate | Head of | household Date | Quality | ying widow(e | r) 🗀 |
| Signature | | | | Date | | | |
| | | | | | | | |
| Additional owner or spouse information | - Provide information | · · · · · · · · · · · · · · · · · · · | and any | spouse ever | n if not an o | wner. | 1 |
| First name and middle initial | | Last name | | | | | Suffix |
| | T5 / (114) | | | | | | |
| Social Security number | Date of birth (mm/do | d/yyyy) | | Is this your p | rimary reside | nce? | |
| | | | | Ye | s 📙 | No | |
| Mark all that apply: Owner *Spouse of | f an owner | ling of another owner | * | Provide name | (s) of spouse | es and sibling | gs below. |
| Name(s) and relationship(s) of spouse or sibling | g/owner: | | | | | | |
| Income information for first year of application (s | and instructional: | | | | | | |
| | | | | | | | |
| Calculated income \$ | Tax y | ear | _ | Inco | me documer | ntation <i>(mark</i> | one below): |
| Federal Form 1040 | NYS Form IT-2 | 201 | Form | RP-425-Wks | (see instruction | ons) | |
| Filing status: Single Married filing j | oint Married f | iling separate | Head of | household | Qualify | ying widow(e | r) 🗌 |
| Signature | | | | Date | | | |
| | | | | | | | |
| | | | | | | | |
| Additional owner or spouse information | Provide information | · · · · · · · · · · · · · · · · · · · | and any | spouse ever | n if not an o | wner. | 0 " |
| First name and middle initial | | Last name | | | | | Suffix |
| Social Security number | Date of birth (mm/do | d/yyyy) | | Is this your p | rimary reside | nce? | • |
| | | | | Ye | s 🗌 | No | |
| Mark all that apply: Owner *Spouse of | f an owner *Sib | ling of another owner | * | Provide name | (s) of spouse | es and sibling | gs below. |
| Name(s) and relationship(s) of spouse or sibling | g/owner: | | | | | | |
| Income information for first year of application (| see instructions): | | | | | | |
| Calculated income \$ | _ | ear | | Inco | me documer | ntation (mark | one helow): |
| _ | ŕ | | | | | | one below). |
| Federal Form 1040 NYS Form IT-201 Form RP-425-Wkst (see instructions) | | | | | | | |
| Filing status: Single Married filing j | oint Married f | iling separate | Head of | household | Qualify | ying widow(e | r) 🗌 |
| Signature | | | | Date | | | |

Complete and return both applications

Instructions

You must include this form when applying or reapplying for the Enhanced STAR exemption.

General information

To apply for the Enhanced STAR exemption, submit this application and Form RP-425-E, *Application for the Enhanced STAR Exemption* to your assessor.

You must also provide proof of income as described on the above forms.

When submitting this form, you must supply the Social Security numbers of all owners of the property and of any owner's spouse who resides on the premises.

If your income in any given year is high enough to disqualify you from the Enhanced STAR exemption for that year, New York State will continue to check your income in subsequent years. If you qualify again in a future year, you will again receive the Enhanced STAR exemption. You do not need to reapply.

In the first year, the assessor will verify your eligibility based on the income information you provide (see *Income information*). In the following years, the New York State Department of Taxation and Finance will verify your income eligibility. You will not need to reapply for the exemption or provide copies of your tax returns to your local assessor.

The Tax Department will **not** disclose your income to the assessor. It will only disclose whether or not your income is below the applicable income standard.

Nassau County homeowners: Complete Form RP-425-IVP along with the county's Enhanced STAR property tax exemption application, which is available at Nassau County's website at www.nassaucountyny.gov (search: STAR). Submit both forms to the address on page 2 of Nassau County's application.

Income information

This is the income that the assessor will use to verify your eligibility in your first year of applying for the Enhanced STAR exemption.

- Calculated income Refer to Proof of income for STAR purposes on page 3 of Form RP-425-E for instructions on how to calculate income.
- Tax year Income is based on the tax year two years prior to the year for which you are applying for an exemption. For example, if you are applying for an Enhanced STAR exemption for the 2025-2026 school year, income is based on the 2023 tax year.
- Income documentation Indicate the income tax form that was used to document income. If you did not file a federal or New York State income tax return for the required year, complete Form RP-425-Wkst, *Income* for STAR Purposes Worksheet, and submit it with Form RP-425-E and this form.

Privacy notification

The Privacy Act of 1974 requires us to advise you that the law which allows us to ask for your Social Security numbers is New York Real Property Tax Law section 425 (4)(b). It is mandatory that you furnish your Social Security numbers. Once you furnish them, they will be forwarded to the New York State Department of Taxation and Finance, which will use them to verify, or attempt to verify, whether your income is greater than the applicable income standard for purposes of the Enhanced STAR exemption. If you do not furnish your Social Security numbers, you will be unable to receive an Enhanced STAR exemption.

<u>NOTE:</u> If you did not file a 2023 tax return, you must complete the Enhanced STAR income worksheet.

Please contact the Town of Cortlandt Assessors Office to request the Income worksheet. (914) 734-1040 Assessor@TownOfCortlandt.com