



REQUEST TO REMOVE PROPERTY TAX EXEMPTION(S)

MAIL TO: New York City Department of Finance, Homeowner Tax Benefits, P.O. Box 311, Maplewood, NJ 07040-0311

INSTRUCTIONS: Complete and submit this application to remove a property tax exemption that you currently receive. Do not use this application to apply for an exemption. If you are requesting the removal of an exemption for which the property is no longer qualified, you will not be charged a fee. (For example, if you bought or inherited a property whose previous owner was receiving an exemption for which you are not eligible.)

If you are requesting the removal of an exemption for which the property is qualified, you will be billed a \$500 voluntary renunciation processing fee.

SECTION 1 - Property Information

PROPERTY ADDRESS:		ZIP CODE:	UNIT/APT. NUMBER:	CHECK BOX IF THIS IS A CO-OP: <input type="checkbox"/>
BOROUGH:	BLOCK:	LOT:		

SECTION 2 - Property Tax Exemption(s) or Abatement(s)

Please check the boxes next to the benefits you wish to remove.

- STAR - Basic or Enhanced
 Veterans
 Condo/Cooperative Abatement
 Clergy
 Senior Citizen or Disabled Homeowners Exemption
 Other (please specify): _____

Select the option that describes why you are requesting the removal of the exemption:

A) I need to remove an exemption that was being received by the previous owner. (If the previous owner is deceased, complete the information below and enclose a copy of the death certificate with this application.)

Decedent's name _____ Decedent's Social Security # _____ - _____ - _____

B) I no longer wish to receive the exemption and am voluntarily renouncing it as of _____ - _____ - _____
MONTH DAY YEAR

SECTION 3 - Signatures and Certifications

Who is submitting this application?

- Owner(s)
 Managing Agent / Owner Representative
 Title / Abstract Company

I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact.

PRINT NAME	SIGNATURE	COMPANY (IF APPLICABLE)	DATE
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SECTION 4 - Contact Information

If we have a question about this application, who should we contact?

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: (_____) _____ - _____

Email Address: _____

PLEASE DO NOT FORGET TO SIGN AND DATE THE APPLICATION.

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

PRIVACY ACT NOTIFICATION

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers by owners is mandated by Section 11-102.1 of the Administrative Code of the City of New York. Disclosure by lessees is voluntary. Disclosure is requested to facilitate the processing of real property income and expense data. Such data, including any Social Security Numbers so disclosed, are used for tax administration purposes. The data, including any Social Security Numbers, may be further disclosed to other departments or agencies, or to persons employed by such departments or agencies, only for such purposes, or as otherwise provided by law or judicial order.

For Office Use Only:

Batch #: _____ Reviewer: _____

Supervisor: _____ Date Completed: _____

Building Class: _____ Tax Class: _____