



Application for Senior Citizens Exemption

FILING DEADLINE: MARCH 1, 2026

RP-467
(8/23)

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.

Name(s) of owner(s)			
Mailing address of owner(s) (number and street or PO Box)		Location of property (street address)	
City, village, or post office	State	ZIP code	City, town, or village
			State
			ZIP code
Daytime contact number	Evening contact number	School district	
Email address		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll)	
Name(s) of any non-owner spouse(s)			
Address(es) of primary residence(s) if different from above:			

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):

Deed ☐ Other (specify) ☐ _____

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? (see instructions to determine the applicable income tax year) **INCOME BASED ON 2024 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

**ATTACH 2024 FEDERAL TAX RETURN OR IF NOT FILED, ATTACH THE INCOME
RP-467 (8/23) WORKSHEET ALONG WITH 2023 YEAR-END STATEMENTS FOR ALL INCOME**

- 7** List the federal adjusted gross income (FAGI) (*see instructions*) of each owner and spouse of each owner for the applicable income tax year. 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

7a Total FAGI of owner(s) (<i>add column B</i>)	7a
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A Name of spouse(s) if not owner of property	B FAGI

7b Total FAGI of spouse(s) (<i>add column B</i>)	7b
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7c Total FAGI of owner(s) and spouse(s) (<i>add lines 7a and 7b</i>)	7c
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- 8** Total income from RP-467-Wkst. Enter 0 if not applicable. 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 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.

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 ☐

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)	Marital status	Phone number	Date

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 (*print*)

Assessor's signature

Date



Income Worksheet for Senior Citizens Exemption

RP-467-Wkst
(8/23)

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

Filing Deadline: March 1, 2026

Name of owner(s) and owner(s) spouse(s)

Location of property

Street address

City/town

Village (if any)

School district

Applicable income tax year (see note below)

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)*)
- 2 Total interest income and dividends
- 3 Unemployment compensation
- 4 Total IRA distributions (*attach all Forms 1099-R*)
- 5 Total pensions and annuities other than IRA's (*attach all Forms 1099-R*)
- 6 Total Social Security benefits (*attach Form SSA1099*)
- 7 Other income

1	
2	
3	
4	
5	
6	
7	

Types of other income: _____

- 8 Add lines 1 through 7. Enter the total on line 8 of Form RP-467 or RP-467-Rnw

8	
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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

Use this form IF YOU DID NOT FILE a 2024 Federal Tax Return. Complete all information and INCLUDING all 2024 year end financial statements with your renewal application. FAILURE TO SUBMIT ALL REQUIRED INFORMATION MAY RESULT IN THE DENIAL OF YOUR APPLICATION

www.tax.ny.gov