



FIRST-TIME
Property Tax Exemption Application For
Persons with Disabilities & Limited Income
You must apply no later than February 3, 2025

Dear Property Owner:

Enclosed is the first-time application for the partial tax exemption for **Persons with Disabilities and Limited Incomes (RPTL 459)**.

Either come in person (**bring your supporting documents**) to the City of Rochester, Bureau of Assessment, City Hall-Room 101A, 30 Church Street, Rochester, New York 14614 or mail in your application. The last date to legally file is **February 3, 2025**.

Last year's (**2023**) income information is requested on the application. You should already have the necessary income tax returns, social security forms, bank interest statements, etc., you will need to file. We request that you bring or mail in: your complete **2023 Federal and State** tax returns (including copies of any attached schedules). **If you do not file tax returns**, please submit copies of all your **2023** income statements to verify the income received and fill out the worksheet included with this application. The Assessment staff will complete the income calculation portion of the application.

Approved Disability Exemptions in the City of Rochester **reduce real property taxes for the City, School & County of Monroe tax bill**. Depending on your **2023** income (which cannot exceed **\$58,400**) tax abatements range from 50% down to 5% of your assessment.

If you or your spouse will be age 65 by **December 31, 2025** – you may also be eligible for a Seniors Exemption. Disabled Veterans may also be eligible for Veterans Exemptions. A copy of your DD214 will be requested to show proof of military service.

We look forward to helping you. If you need assistance completing the forms or have any questions, please call the **Exemption Hot-Line at (585) 428-6994** during business hours.

Sincerely,

Michael S. Zazzara
City Assessor





Department of Taxation and Finance
Office of Real Property Tax Services

RP-459-c

Application for Exemption for Persons with Disabilities and Limited Incomes

For help completing this application, see Form RP-459-c-I, *Instructions for Forms RP-459-c and RP-459-c-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, village, or post office
			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 residences(s) if different from above:			

- 1 Describe the nature of your physical or mental impairment which substantially limits one or more major life activities, such as walking.

- 2 Mark an **X** in the appropriate box(es) to indicate the document(s) submitted with your application as proof of your permanent disability (see instructions):

Award letter from the Social Security Administration of your entitlement to social security disability insurance or supplemental security income (SSI) ☐

Award letter from the Railroad Retirement Board of your entitlement to railroad retirement disability benefits ☐

Certificate from the New York State Commission for the Blind stating you are legally blind ☐

Award letter from the United States Postal Service certifying your disability pension ☐

Award letter from the United States Department of Veterans Affairs certifying your disability pension ☐

Order from the Workers' Compensation Board awarding compensation for a permanent total disability or permanent partial disability ☐

- 3 Mark an **X** in the appropriate box(es) to indicate the documents provided with your application as proof of ownership (see instructions):

Deed ☐ Mortgage ☐ Other (specify) ☐ _____

- 4a Does the owner with the disability presently occupy the premises as their legal residence? Yes ☐ No ☐
If Yes, skip to line 5.

- 4b Is an owner receiving medical care as an inpatient in a residential healthcare facility? Yes ☐ No ☐
If Yes, enter the name and location of the facility.

- 5 Is any portion of the property used for purposes other than residential, such as farming, commercial, vacant land, or professional offices? Yes ☐ No ☐
If Yes, describe such use, and 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) Yes ☐ No ☐

If Yes, attach a 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-459-c-Wkst, Income Worksheet for Exemption for Persons with Disabilities and Limited Incomes. Any spouse or owner completing Form RP-459-c-Wkst should skip questions 7 through 7c.

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

FAGI of Owner(s)	
A Name of owner(s)	B 2023 FAGI
7a Total FAGI of owner(s) (add column B)	7a

FAGI of Spouse(s) Who Are Not Owners	
A Name of spouse(s) if not owner of property	B 2023 FAGI
7b Total FAGI of spouse(s) (add column B)	7b
7c Total FAGI of owner(s) and spouse(s) (add lines 7a and 7b)	7c

8
Enter total income from Form RP-459-c-Wkst, line 8. 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 on line 7c or line 8 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 the 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.

If No, skip to *Certification*.

11a List the name(s) and location(s) 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 ☐

Certification

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief.

Signature (If more than one owner, all must sign)	Marital status	Phone number	Date

For Assessor's Use Only

Date application filed _____

Proof of disability submitted ☐

Proof of ownership submitted ☐

Proof of income submitted ☐

Application approved ☐

Application denied ☐

Exemption applies to taxes levied by or for:

Town _____% ☐

County _____% ☐

School _____% ☐

Village _____% ☐

City _____% ☐

Assessor's name	Date
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Department of Taxation and Finance
Office of Real Property Tax Services

RP-459-c-Wkst
(12/23)

Income Worksheet for Exemption for Persons With Disabilities and Limited Incomes

To be used by individuals filing Forms RP-459-c or RP-459-c-Rnw who are **not** required to file a federal income tax return.

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-459-c-I.

Enter the amounts below that would have been reported if you were required to file a federal 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))	1	
2 Total interest income and dividends	2	
3 Unemployment compensation	3	
4 Total IRA distributions (attach all Forms 1099-R)	4	
5 Total pensions and annuities other than IRA's (attach all Forms 1099-R)	5	
6 Total Social Security benefits (attach Form SSA1099)	6	
7 Other income. List type(s) and amount here:	7	
8 Add lines 1 through 7. Enter the total on line 8 of Form RP-459-c or RP-459-c-Rnw ...	8	

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	Commissioner of deeds or notary public
Signature	Date	
Signature	Date	
Signature	Date	



Instructions for Forms RP-459-c And RP-459-c-Rnw Application and Renewal Application for Partial Tax Exemption for Persons with Disabilities and Limited Incomes

General information

Real Property Tax Law section 459-c gives local governments and public school districts the option of granting a reduction in the amount of property taxes paid by qualifying persons with disabilities. To qualify, persons with disabilities generally must have certain documented evidence of their disability and meet certain income limitations and other requirements.

Eligibility

For the basic 50% exemption, the law allows each county, city, town, village, or school district to set the maximum income limit at any figure between \$3,000 and \$50,000. Localities have the further option of giving exemptions of less than 50% to persons with disabilities whose incomes are greater than the local maximum. In a locality that has adopted the \$50,000 income limit and the sliding scale option, a qualifying person with income under \$58,400 may receive an exemption of as much as 45% (0.45), and no less than 5% (0.05), depending on their income.

Check with your local assessor for the income limits that are in effect in your municipality.

If more than one person owns the property, all owners **must** be persons with disabilities and qualify for the exemption. However, if the property is owned by a married couple or by siblings, only one needs to have a disability.

Note: The property cannot receive an exemption under both this law, and the senior citizens exemption under section 467, for the same municipal tax purpose. If an owner qualifies for exemption under section 459-c, and another owner qualifies for exemption under section 467, the owners may choose the more beneficial exemption.

Where to file

File Form RP-459-c:

With:	For:
the city, town or village assessor	partial exemption from city, town, and village property taxes.
the city or town assessor who prepares the assessment roll used for county, school, or village taxes	partial exemption from county or school district taxes, or from village taxes in villages that do not assess property.
the Nassau County Department of Assessment	exemption from county, town, or school taxes in Nassau County.
the Tompkins County Division of Assessment	exemption from county, city, town, village, or school district taxes in Tompkins County.

When to file

File the application in the assessor's office on or before the appropriate taxable status date, **In the City of Rochester it is February 1.**

- In Nassau County, the taxable status date is January 2.

- Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor.
- In cities, the date is determined from charter provisions. In NYC, the taxable status date is January 5, but applications for this exemption may be filed on or before March 15.
- The taxable status date for most villages that assess is January 1. Contact the village clerk for variations.

Annual application

You must file Form RP-459-c by the taxable status date of the initial year to begin receiving the exemption. Each year thereafter, you must file Form RP-459-c-Rnw by the taxable status date to retain the exemption. The forms must be filed with your local assessor's office.

Line instructions

Property information

If the title to the property is in more than one name, list each name. See the deed or other proof of title to find the name of the owner or owners.

Note: If a person holds a life estate in the property, that person is the legal owner of the property. If the property is held in trust, the exemption may be allowed if the beneficiary of the trust qualifies. Answer all the questions based on the beneficiary's qualifications for the exemption. Attach a copy of the trust or other proof of such trustee-beneficiary relationship.

Municipalities which offer the exemption for persons with disabilities and limited incomes may also offer it to otherwise qualifying individuals who are tenant-stockholders of a cooperative apartment corporation. The percentage of the exemption to which the individual is entitled will be applied to the percentage of the total assessed value of the entire parcel that represents the tenant-shareholder's percentage of ownership of the stock of the corporation.

Location of property should conform to its description on the latest assessment roll. Contact your assessor for assistance in providing this description.

Line 1 – To be eligible, you must currently have a physical or mental impairment, not due to current use of alcohol or illegal drug use, which substantially limits your ability to engage in one or more major life activities, such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. Briefly describe your impairment.

Line 2 – To be eligible, you must submit one of the following:

- An award letter from the Social Security Administration of your entitlement to social security disability insurance or supplemental security income (SSI);
- An award letter from the Railroad Retirement Board of your entitlement to railroad retirement disability benefits;
- A certificate from the New York State Commission for the Blind stating you are legally blind;

- An award letter from the United States Postal Service certifying your disability pension; **or**
- An award letter from the United States Department of Veterans Affairs certifying your disability pension.

Mark an **X** next to the documentary evidence you have attached to this application. If the letter or certificate indicates that your disability is permanent, you will not need to resubmit your evidence of disability in future years if you reapply.

Line 3 – You must provide proof of ownership of the property for which the exemption is sought. Such proof might consist of a copy of the deed by which the title was acquired, or a copy of a mortgage agreement or other document indicating that the title is vested in you. You do not have to resubmit this proof in future years unless your assessor requests it.

Lines 4a through 5 – The property must be the legal residence of, and must be occupied by, the person with the disability, unless such person is absent from the property while receiving health related services as an inpatient of a *residential healthcare facility*. A *residential healthcare facility* is a nursing home or other facility that provides or offers lodging, board, and physical care including, but not limited to, the recording of health information, dietary supervision, and supervised hygienic services. The property for which the exemption is sought also must be used exclusively for residential purposes. However, if a portion of the property is used for other than residential purposes, the exemption will apply only to the portion used exclusively for residential purposes.

Lines 6a through 6d – The exemption cannot be granted if the income of the owner, or the combined income of all of the owners, exceeds the maximum income limit set by the locality. If the owner is married, the income of the spouse must be included in the total unless the spouse is absent from the residence due to a legal separation or abandonment. The income of a non-resident former spouse, who retains an ownership interest, is not included. Contact the assessor to determine the locally applicable income limits.

Report your income on the basis of the latest preceding *income tax year* prior to the date of the application. The *income tax year* is usually the preceding calendar year.

Income includes:

- all Social Security payments;
- salary and wages (including bonuses);
- interest (including nontaxable interest on state or local bonds);
- total dividends;
- net earnings from farming, rentals, business, or profession (including amounts claimed as depreciation for income tax purposes);
- income from estates or trusts;
- gains from sales and exchanges;
- the total payments (excluding amounts representing a return of capital), alimony or support amount received from governmental or private retirement or pension plans;
- annuity money; and
- Unemployment Insurance payments, disability payments, and workers' compensation

Income does **not** include:

- SSI;
- monies received pursuant to the Federal Foster Grandparent Program;
- welfare payments; or
- gifts, inheritances, or a return of capital.

Line 7a – If an owner is an inpatient in a residential healthcare facility, the owner's other income is not considered income in determining exemption eligibility if it does not exceed the amount paid by such owner, spouse, or co-owner for care at the facility. Proof from the facility of the amount paid for an owner's care must be submitted with this application.

Lines 8 through 8b – At local option, municipalities may permit you to deduct from their incomes all medical and prescription drug expenses which are not reimbursed or paid by insurance. Check with the assessor to determine if this option is locally available. If so, complete lines 8a and 8b. Proof of the expenses and reimbursement, if any, must be submitted with this application.

Line 9 – If any owner, or the spouse of an owner, filed a federal or a New York State income tax return for the preceding calendar year, a copy of that return should be submitted with this application. If you do not have a copy of the federal income tax return, it may be obtained from the district office of the Internal Revenue Service in which the return was filed. Visit www.irs.gov for further information. Instructions on how to request a copy of a New York State income tax return are available on our website (search: *Copy of return*).

You may file your application for exemption with your assessor prior to obtaining the income tax return(s) you are required to provide with Forms RP-459-c or RP-459-c-Rnw. Provide the copies of your income tax return(s) to your assessor upon receipt.

Lines 10a through 10c – If any child, including a child of tenants or leaseholders, resides on the property for which an exemption from school taxes is sought, and such child attends any public school (grades Pre-K through 12), no exemption from school taxes may be granted unless the school district in which the property is located has adopted a resolution to permit a school tax exemption for otherwise eligible residential property where children attending public school reside. The child may not have been brought into the residence in whole or in substantial part for the purpose of attending a particular school within the school district.