PLACE LABEL HERE

SENIOR CITIZEN LOW INCOME EXEMPTION QUESTIONNAIRE

ITEM#		TAX MAP#		
1.	Does the owner or spouse file a Federal Income Tax Return? □YES □NO If yes, please supply a copy of your entire Income Tax Return including all schedules. If no, call 1-844-545-5640 to set up an appointment to request:			
	☐ a letter of non-filing for _ ☐ a 1099 Wage and Incom After you set up an appointment, y located at 1180 Vets Memorial Hg or email <u>www.IRS.gov</u> or call 1-86	ne Transcript you can go to the l ywy, Hauppauge N		
2.	Does the owner or spouse file a New York State Income Tax Return? IYES NO If yes, please supply a copy of page 1 of your New York Tax Return in addition to your 1099 Social Security Benefit Statement (FORM SSA 1099).			
3.	Does the owner or spouse have an IRA account(s)? □YES □NO If yes, please supply a copy of your End of Year Summary or <u>Final Statement</u> for all IRA accounts to prove accrued earnings such as interest, dividends or capital gains (this information is not found on your tax return or a 1099).			
4.	Does the owner or spouse collect any non taxable i disability, third party sick pay or veterans)? Pension and Annuities? If YES, please supply proof (copy of current award)	□YES □YES	□NO □NO	
5.	Does a child (or children), including those of tenants attend public school in grade K through 12? If YES, list the name of student, school and grade	s who reside at the □YES	e property □NO	
6.	Does any one else reside with you? If YES, list the names of all other adults residing on	□YES the premises	□NO	
	Please provide a dollar amount of their contribution on a notarized statement.			
7.	Do you own any other property? If YES, list the address	□YES	□NO	
ALL INCOME MUST BE FROM THE SAME CALENDAR YEAR *ALL ADDITIONAL PROOF OF INCOME MUST BE SUPPLIED WHEN APPLICATION IS SUBMITTED*				
(PLEASE PRINT NAME) (OWNERS SIGNA		NATURE)		