



**TOWN OF ISLIP**  
40 NASSAU AVE STE 2  
ISLIP NY 11751

**OFFICE OF THE ASSESSOR**  
**STAR PROGRAM**  
STAR PHONE: (631) 224-5058  
STAR FAX: (631) 224-5256  
email: staroffice@islipny.gov

**Angie Carpenter, Supervisor**  
Anne M. Danziger, Assessor

Dear Islip Resident:

On the reverse side of this letter, please find a renewal application for your **2021/2022 Senior Citizen Real Property Tax Exemption**. In order to approve your application, the following criteria must be met:

The completed renewal application must be filed with this office no later than **Monday, March 1, 2021**, which is taxable status date.

The application must be filled out completely. All questions must be answered and **all** property owners must **sign** the application.

A copy of your **2019** Federal & State Income Tax Return or if you do not file an income tax return, copies of your income statements (1099's) must be attached to your **2021/2022** Senior Citizen renewal application. Please attach photocopies, as original documents cannot be returned.

**If you are filing as a surviving spouse for the first time, a copy of your spouse's death certificate and proof of your age is required.**

If you have any questions regarding this application, please contact our office at (631) 224-5058.

Very truly yours,

*Anne M. Danziger*

**ANNE M. DANZIGER**  
Assessor



2021/2022 Renewal Application for Aged

ALL RENEWALS MUST BE  
 FILED ON OR BEFORE  
 March 1, 2021

2021/2022

Senior Income Limit: \$37,400

PART B

Income of each owner and spouse for the 2019 income tax year must be listed below. IF OWNER OR SPOUSE FILED A 2019 FEDERAL INCOME TAX AND NEW YORK STATE RETURN, PLEASE ATTACH COPIES OF PAGE 1 & PAGE 2 FOR BOTH RETURNS. IF NOT, ATTACH A COPY OF 1099 SOCIAL SECURITY STATEMENT(S) AND ALL OTHER 1099 INCOME DOCUMENTS.

SOURCE OF INCOME	APPLICANT	SPOUSE	TOTAL
Social Security	\$	\$	\$
Government Pension			
Employee Pension			
Wages			
Unemployment			
Interest on Savings, Notes, Bonds			
Annuities			
Stock Dividends			
Capital Gain			
Rental Income			
Household Contribution			
Workers Compensation			
Disability			
Veterans Affairs Income			
		Total =	

Do you own any other properties? YES  NO

If Yes, Address: \_\_\_\_\_

Did owner file Federal or State Income Tax Return for \_\_\_2019 or \_\_\_2020?

Do any children, attending public school, reside on this property?

If Yes, Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ SS# \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ SS# \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Emergency No. \_\_\_\_\_

e-mail address \_\_\_\_\_