

## **2017 – LOW INCOME SENIOR CITIZEN (RP-467) AND LOW INCOME DISABILITY (RP-459C)**

### **EXEMPTION APPLICATION AND RENEWAL CHECKLIST**

Before bringing or mailing your application to the Assessor's Office, please ensure that the application is filled out completely, signed by all owners and their spouses and dated. In addition:

#### **1. If you filed a 2015 income tax return:**

- Bring your most recently filed federal income tax return with supporting schedules (C,D,E,F, if applicable) and all income documents used in filing that return (e.g., 1099's)
  - All returns must be signed (unless filed electronically), dated and either computer generated, typewritten or in ink. Returns prepared in pencil are not acceptable. **Computer generated returns must be accompanied by the electronic receipt confirming that it was successfully submitted to the IRS or the NYS Department of Taxation and Finance.**
  - Include all income even if you do not need to report it for income tax purposes (some income is exempt for income tax purposes, but not for real property tax exemption purposes – **see the reverse side/income page for income that must be included**).

#### **2. If you did not file a 2015 federal or state tax return:**

- Complete the top portion of page 2 of the application
- Bring the following documents, if applicable:
  - 2015 Social Security Benefit Statement(s) (Form SSA - 1099).
  - 2015 W-2 forms.
  - 2015 Year-end interest and dividend statements.
  - 2015 Year-end pension and annuity income statements (Form 1099-R).
  - 2015 Unemployment, workers compensation, **and other income as indicated on the reverse side of this page.**

#### **3. An Additional Income Affidavit and Disclosure form must accompany all applications (new and renewals). If needed, forms are available on our website and through this office.**

#### **4. First time applicants must submit proof of age for all owners (unless spouse or siblings).**

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**Note 1:** On Page 2 - No deductions for unreimbursed medical and prescription drugs expenses or for veterans' disability compensation are allowed – this section should be ignored.

**Note 2:** 2016 income may be used if filed and submitted to this office by March 1, 2017.

**Note 3:** In some cases, the assessor may request further documentation (e.g., IRS transcript, etc.)

**\*\*\*\*\* Application filing deadline: March 1, 2017 \*\*\*\*\***

Questions? Call 617-6107 - Office hours are Monday through Friday, 8:30 a.m. to 4:30 p.m.

**Income for the Low Income Senior Citizen and the Low Income Person with Disability Exemption includes, but is not limited to, the following:**

- W-2 wages, salary or earnings
- Social Security (gross earning) SSA-1099
- SSDI (Social Security Disability Insurance) payments
- Pensions (both government and private pension plans)
- Railroad retirement benefits
- Veterans compensation
- Prize Money
- Net gambling winnings
- Interest income: e.g. gross interest on checking and savings accounts, tax-exempt interest (like municipal bond interest), interest on U.S. savings bonds for year in which bond(s) is redeemed, interest on U.S. Treasury notes, etc.
- Interest on principal portion of deferred life insurance payments (life insurance annuity)
- Net rental income
- Net self-employment income
- Net farm income
- Expenses attributable to an owner-occupied rental unit
- Unemployment compensation
- Capital Gain (offset by capital loss to extent of capital gain)
- Capital gain on sale of home
- Gross dividends
- Alimony (received by applicant)
- Child Support (received by applicant)
- Workers compensation (excluding any expense reimbursement)
- Veterans disability and indemnity compensation
- If adult children OR other adults reside in the home (owners or not), include:
  - Net rents paid by person/persons to owner, even if in the form of house maintenance or utilities
    - Utilities, property taxes, insurance, mortgage payments, repairs and maintenance, snowplowing, lawn maintenance, and other expenses associated with maintaining the property.
  - Complete the “Additional Residents’ Contribution Worksheet” form and submit with application



# Application for Partial Tax Exemption for Real Property of Senior Citizens

If you received a STAR exemption on this property for the 2015-16 school year, this application will also serve as an application for the Enhanced STAR exemption. If not, you may be eligible for the Enhanced STAR credit, which is provided in the form of a check. To receive an Enhanced STAR check, you must register for it. For more information, visit [www.tax.ny.gov/star](http://www.tax.ny.gov/star) or call (518) 457-2036.

For help completing this application, see Form RP-467-I, *Instructions for Form RP-467*. 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.

1 Name(s) of owner(s)					
2 Mailing address of owner(s) (number and street or PO box)			3 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	
E-mail 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:					

4 Indicate which documents you included with this application as proof of age of owners (see instructions):

- Birth certificate   
 Baptismal certificate   
 Other (specify) \_\_\_\_\_

5 Date you acquired ownership of property (see instructions): \_\_\_\_\_

6 Indicate document included with application as proof of ownership (see instructions):

- Deed   
 Mortgage   
 Other (specify) \_\_\_\_\_

7 Do all the owners of the property presently occupy the premises as their legal residence? ..... Yes  No

If the answer to 7 is No, is an owner receiving medical care as an in-patient in a residential health care facility? ..... Yes  No

If answer is Yes, specify name and location of the facility: \_\_\_\_\_

If answer to 7 is No, is the non-resident owner the spouse or former spouse of the resident owner and is he or she absent from the residence due to divorce, legal separation or abandonment? ..... Yes  No

If answer is No, explain. \_\_\_\_\_

8 Is any portion of the property used for other than residential purposes (commercial, professional office, etc.)? ... Yes  No

If answer is Yes, explain such use and describe the portion that is so used. \_\_\_\_\_

\_\_\_\_\_

9 List the income of each owner and spouse of each owner for the calendar year immediately preceding date of application. Attach additional sheets if necessary. (See instructions for income to be included.)

Name of owner(s)	Source of income	Amount of income
<b>9a Total income of owner(s)</b> .....		<b>9a</b>

Name of spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)
<b>9b Total income of spouse(s)</b> .....		<b>9b</b>
<b>9c Total income of owner(s) and spouse(s)</b> (add line 9a and line 9b) .....		<b>9c</b>

10 Of the income specified in line 9c 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) .....

<b>10</b>	
<b>10a Total income of owner(s) and spouse(s)</b> (subtract line 10 from line 9c) .....	<b>10a</b>

**Local option only**

11 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), complete the following:

<b>11a</b> Medical and prescription drug costs .....	<b>11a</b>
<b>11b</b> Amount of line 11a paid or reimbursed by insurance .....	<b>11b</b>
<b>11c</b> Unreimbursed amount of line 11a (subtract line 11b from line 11a). Attach proof of expenses and reimbursement, if any; enter 0 if option not available. ....	<b>11c</b>
<b>11d Total income of owner(s) and spouse(s)</b> (subtract line 11c from line 10a) .....	<b>11d</b>

**Local option only**

12 If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located, complete the following (see instructions):

<b>12a</b> Veteran's disability compensation received (attach proof, enter 0 if not applicable) .....	<b>12a</b>
<b>12b Total income of owner(s) and spouse(s)</b> (subtract line 12a from line 11d) .....	<b>12b</b>

13 Did owner or spouse file a federal or New York State Income Tax return for the preceding year? ..... Yes  No   
 If answer is Yes, attach copy of such return or returns (see instructions).

14 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, list name and location of school(s): \_\_\_\_\_

If Yes, 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 and 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, and a fine of not more than \$100.

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

***This Area for Assessor's Use Only***

Date application filed \_\_\_\_\_

Exemption applies to taxes levied by or for:

- Proof of age submitted
- Proof of ownership submitted
- Proof of income submitted
- Application approved
- Application disapproved

- Town \_\_\_\_\_ %
- County \_\_\_\_\_ %
- School \_\_\_\_\_ %
- Village \_\_\_\_\_ %

Assessor's signature	Date
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**Town of Ogden Assessor's Office**  
**Income Affidavit and Disclosure Statement - Roll Year 20\_\_\_\_\_**

To be submitted with all Low-Income Senior (RP-467) and Low-Income Disabilities (RP-459-c) Applications and Renewals

OWNER INFORMATION		
Name of Owner 1	Name of Owner 2	
Age on 12/31/2016	Age on 12/31/2016	Relationship to Owner 1
Property Location	Mailing Address	
City, State, Zip	<input type="checkbox"/> Same as	

**QUESTION 1: OTHER RESIDENTS OF THE PROPERTY**

Are there any residents in the home other than the senior applicant(s) listed above?  Yes  No

Name	Relationship to Owner(s)	Age*	Name of school (if applicable)

\* If any non-owner resident is over 18 years old, you must also complete our **Additional Residents' Contribution Worksheet**, available online or at the Ogden Assessor's Office

**QUESTION 2: NON-TAXABLE INCOME (any income not included on income tax return)**

Do/Does the applicant(s) have any non-taxable income?  Yes  No Attach earning statement(s)

- Veterans Disability     
  Pension Benefit     
  Railroad Retirement     
  Unemployment Benefits  
 Workers Compensation     
  Other \_\_\_\_\_     
  S.S. Disability

**QUESTION 3: OTHER RESIDENTIAL REAL ESTATE OWNED**

Do you own any other residential real estate, in any state, including New York, for which you are receiving tax discounts based on your residency there?  Yes  No If YES, identify address(es) below:

Street Address	Town/City	County	State

**QUESTION 4: FOR NEW RESIDENTS OF OGDEN (if property purchased within one year)**

Did you have the limited income senior exemption on your previous NY property?  Yes  No  N/A

<b>If YES:</b>		
Address	Municipality	County

**CERTIFICATION AND SIGNATURE(S)**

**UNDER PENALTY OF PERJURY**, I/we swear that I/we have disclosed all income information including, but not limited to, non-taxable interest income, capital gains, alimony, business and/or commissions, rental income, insurance disability income, veterans disability income, workers' compensation, unemployment payments, etc.

And, **UNDER PENALTY OF PERJURY**, I/we swear that the residence indicated on the front of this form is my/our **primary residence**. And I hereby give the Town of Ogden **authorization to verify such facts** with the appropriate authorities, (Internal Revenue Service, State of New York, and School District).

Signature (Owner 1)	Date signed
Signature (Owner 2)	Date signed



# Instructions for the Application for the Partial Real Property Tax Exemption for Senior Citizens Exemption

## The Law

Real Property Tax Law, Section 467, gives local governments and public school districts the option of granting a reduction in the amount of property taxes paid by qualifying senior citizens. To qualify, seniors must be 65 years of age or older, meet certain income limitations, and other requirements.

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 \$29,000. Localities have the further option of giving exemptions of less than 50% to seniors whose incomes are more than \$29,000.

Under the sliding-scale options, a qualifying senior can have a yearly income as high as \$34,699.99 and get a 20% exemption, or, if the municipality chooses, an income of \$36,499.99 and get a 10% exemption, or an income of \$37,399.99 and get a 5% exemption in places where they are granting the maximum limits. Check with your local assessor or the clerks of the local governments and school districts involved to determine which local options, if any, are in effect.

If you received a STAR exemption on this property for the 2015-16 school year, this application will also serve as an application for the Enhanced STAR exemption. If not, you may be eligible for the Enhanced STAR credit, which is provided in the form of a check. To receive an Enhanced STAR check, you must register for it. For more information, visit [www.tax.ny.gov/star](http://www.tax.ny.gov/star) or call (518) 457-2036.

Note that your property may not receive an exemption both:

- under this law, and
- the persons with disabilities and limited incomes exemption (Real Property Tax Law, sec. 459-c) for the same municipal tax purpose.

However, where one or more owners qualify for exemption under this section, and the other owner qualifies for exemption under section 459-c, the owners may choose the more beneficial exemption.

## Where to file the application

You should file the application Form RP-467:

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

**Note:** If you submit a self-addressed, prepaid envelope with your application for exemption, the assessor must, within three days after they complete and file the tentative assessment roll, notify you if they approve or deny your application. If you submit a second self-addressed, prepaid envelope the assessor must also notify you that they received your application.

## Deadline for filing

You must file the application in the assessor's office on or before the appropriate taxable status date, which, in most towns, is March 1.

- In Nassau County, the taxable status date is January 2, but that county is authorized to establish a later filing date. Contact the county to obtain that date.
- 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 New York City, 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, but the village clerk should be consulted for variations.

Municipalities may choose to accept applications as late as the date the board of assessment review meets to hear assessment complaints, where certain hardship situations exist.

**Exception:** When a person, who otherwise qualifies for the exemption, purchases property after the taxable status date but prior to tax levy, he or she may file Form RP-467 within 30 days of the transfer.

The assessor then has 30 days to decide if the applicant would have qualified for the exemption had he or she had title as of the taxable status date. If the assessor decides that the applicant would have qualified prior to filing the tentative assessment roll, the assessor will change the roll accordingly. Within 10 days of filing that roll, the assessor must notify the applicant of the approval or denial of the application for exemption and of that person's right to appeal to the board of assessment review.

If the assessor decides after they file the tentative assessment roll, the assessor must petition the board of assessment review to correct the tentative or final roll in the manner provided in title 3 of Article 5 of the RPTL, the so-called correction of errors procedures. Within 10 days of petitioning the board of assessment review, the assessor is required to notify the applicant of the approval or denial of the exemption and of the applicant's right to administrative and judicial review of that determination. If a determination to exempt property is not entered on the tax roll for the year immediately following the fiscal year during which the transfer occurred, the assessor must notify the municipal corporations which would proceed as is discussed below.

Otherwise qualifying senior citizens, who purchase property after the levy of taxes, may apply to the assessor within 30 days of their acquisition of title. The assessor must notify the applicant and the board of assessment review, by first class mail, of his or her decision and of the applicant's right to review of that

decision. If a complaint is filed, the board of assessment review must meet to hear it and determine the exemption amount.

After the exemption amount is determined, the assessor must compute pro rata tax credits by multiplying the exemption amount by the appropriate tax rates by the fraction of each fiscal year remaining after the date of acquisition. The assessor must then notify the applicant and the appropriate municipal corporations.

Tax collectors and receivers are required to apply these credits to the taxes owed on the seniors' property in those next fiscal years. Where such tax credits are not properly extended against the tax roll for the fiscal year immediately following the year of transfer, the assessor is to notify the municipal corporation and the credit would then be applied on the next succeeding roll.

## Renewal application

You must timely file an annual renewal application (Form RP-467-Rnw) in the assessor's office to continue the exemption. Although some assessing units may accept renewal applications to be filed after the taxable status date, you should file the renewal application on or before such date. Some municipalities permit the filing of affidavits (Form RP-467-aff/ctv for a city, town, or village, Form RP-467-aff/s for a school district) in lieu of renewal applications after the exemption has been granted on five consecutive assessment rolls.

## Line instructions

**Lines 1 and 2** – If the title to the property is in more than one name, list each name here. See the deed, mortgage, or other proof of title to find the name of the owner or owners. If more than one person owns the property, all owners must qualify for the exemption.

**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 questions on the basis of 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 senior citizens exemption may also offer it to otherwise qualifying senior citizens who are tenant-stockholders of a cooperative apartment corporation. The percentage of exemption to which the senior citizen is entitled will be applied to the percentage of the total assessed value of the entire parcel that represents the tenant-stockholder's percentage of ownership of the stock of the corporation.

**Line 3** – Location of the property should conform to its description on the latest assessment roll. Contact your assessor for assistance in furnishing this description.

**Line 4** – Each of the owners of the property must be 65 years of age or over, except that, where the owners are husband and wife, or are siblings, only one spouse or sibling need be 65 years or over. Age is determined as of the appropriate taxable status date. (Some municipalities may allow the exemption where an otherwise eligible owner becomes 65 years of age after the taxable status date but on or before December 31. Check with your assessor to determine if this option is in effect.)

Where an exemption was in effect on property owned by a married couple, to retain eligibility, a surviving widow or widower must be 62 years of age by the applicable taxable status date. Similarly, where the exemption was granted to a married couple and the older spouse leaves the property due to divorce, legal separation or abandonment, the exemption is retained if the remaining owner is at least 62 years of age.

You must provide satisfactory proof of age. You may provide proof of age from one of the following:

- Birth certificate (*preferred*)
- Baptismal certificate (*preferred*)
- Hospital birth record
- Social Security Administration affidavit of age
- Voter's registration record
- Census record
- Insurance record
- Marriage record
- Passport
- Military record
- Immigration document, etc.

Once you submit proof of age you will not have to submit it in future year's unless specifically requested.

**Line 5** – To qualify for the senior citizens exemption, you must show either that:

- your previous residence was granted the exemption, **or**
- that title was vested in the owner or all of the owners for at least 12 consecutive months prior to the date of filing the application.

In computing the 12-month period, it is important that:

- The period of ownership is not interrupted by:
  - a transfer of title to one spouse from the other.
  - a transfer of title to a surviving spouse from a deceased spouse either by will or operation of law.
- The period of ownership of a prior residence may be considered where:
  - there was a taking of the property by condemnation or other involuntary proceeding (except a tax sale) and another property has been acquired to replace the taken property.
  - the prior residence has been sold and a replacement purchase made within one year if both residences are within the State.

**Line 6** – The applicant must provide proof of ownership of the particular property upon which the exemption is sought. Such proof might consist of a copy of the deed by which title was acquired by the applicant or a copy of a mortgage agreement or other document indicating that title is vested in the applicant. Once this proof has been submitted, it will not have to be submitted in future years unless specifically requested by the assessor.

**Lines 7 and 8** – The property must be the legal residence of, and must be occupied by, **all** owners of the property unless:

- a non-resident owner, who is the spouse or former spouse of the resident owner, is absent from the residence due to divorce, legal separation, or abandonment, **or**
- an owner is absent from the property while receiving health related services as an inpatient of a residential health care facility and the property is not occupied by anyone other than the spouse or co-owner of such owner. A residential health care 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

senior citizens exemption will apply only to the portion used exclusively for residential purposes.

**Line 9** – The exemption cannot be granted if the income of the owner, or the combined income of all 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. You should contact the assessor to determine the locally applicable income limits.

Income is to be reported on the basis of the latest preceding income tax year prior to the date of application. This usually is 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 amount received from governmental or private retirement or pension plans
- annuity payments (excluding amounts representing a return of capital)
- alimony or support money
- unemployment insurance payments, disability payments, workers' compensation, etc.

Income does **not** include:

- Supplemental Security Income
- reparation payments made to individuals because of their status as victims of Nazi persecution
- moneys received pursuant to the Federal Foster Grandparent Program
- welfare payments
- proceeds of a reverse mortgage (but any interest or dividends realized from the investment of such proceeds are income)
- gifts, inheritances or a return of capital.

**Line 10** – If an owner is an inpatient in a residential health care 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 the application.

**Line 11** – At local option, municipalities may permit applicants 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 line 11 on the application. Proof of the expenses and reimbursement, if any, must be submitted with the application.

**Line 12** – At local option, municipalities may permit applicants to deduct from their incomes veterans disability compensation payments. Check with the assessor to determine if this option is in effect. If so, complete line 12. Attach proof of receipt of the amount being deducted.

**Line 13** – If the owner, any of the owners, or the spouse of any of the owners filed a federal or New York State income tax return for the preceding calendar year, a copy of the return must be submitted with the application. If you do not have a copy of the Federal income tax return, it may be obtained from the District Office of Internal Revenue Service in which the return is filed. Visit [www.irs.gov](http://www.irs.gov) for further information. Instructions on how to request a copy of a New York State income tax return are available online at [www.tax.ny.gov/help/contact/get-copy-of-return.htm](http://www.tax.ny.gov/help/contact/get-copy-of-return.htm). Follow the instructions in the section *All Other Returns*.

You can still file your application for exemption with your assessor pending any submission of income tax return(s) you are required to provide with Form RP-467 or RP-467-RNW.

**Line 14** – If any child, including a child of tenants or lease holders, resides on the property for which an exemption from school taxes is sought, and such child attends any public school (grades pre-K-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.



# TOWN OF Ogden

Assessor's Office  
269 Ogden Center Road, Spencerport, NY 14559-2076  
(585) 617-6107 – (585) 352-4590 FAX

## ADDITIONAL RESIDENTS' CONTRIBUTION WORKSHEET (application roll year: 20\_\_\_\_)

To be used by income-based exemption applicants who are sharing living expenses with tenants or other adult residents.

Name of Owner(s) \_\_\_\_\_ SBL #: \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Total number of people that reside on the premises \_\_\_\_\_

COMPLETE SECTION **1** (shared/detailed expenses) OR **2** (flat rate contributions) BELOW.

### **1** For Shared/Detailed Living Expenses:

If the applicant(s) does/do not share a particular expense, leave that line blank. Enter the information pertaining only to the shared expenses of the household. Please round to nearest dollar.

	<u>Amounts paid by OTHER resident(s)</u>		<u>Total Expenses:</u>
1. Real Estate Taxes (Amount paid C/T/S).....	\$_____	per month x 12 =	\$_____ per year
2. Utility payments (Gas/Oil/Electric).....	\$_____	per month x 12 =	\$_____ per year
3. Telephone &/or TV (cable or satellite).....	\$_____	per month x 12 =	\$_____ per year
4. Water/Sewer/Garbage.....	\$_____	per month x 12 =	\$_____ per year
5. Insurance Payments.....	\$_____	per month x 12 =	\$_____ per year
6. Household Improvements/Maintenance.....	\$_____	per month x 12 =	\$_____ per year
7. Mortgage Payments.....	\$_____	per month x 12 =	\$_____ per year
8. Other Household Expenses (Groceries/Misc.)	\$_____	per month x 12 =	\$_____ per year
9. Totals.....	\$_____	per month x 12 =	\$_____ per year

### **2** For Flat-rate / Regular Contributions:

Contribution to Senior's Household by Other Residents \$\_\_\_\_\_ per month / per year  
(Circle one)

UNDER PENALTY OF PERJURY, I (we) certify that all of the above information is correct and reflects all expenses incurred by and contributions received for the above-referenced property for the tax year listed above.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
SIGNATURE DATE