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 ❶ (shared/detailed expenses) OR ❷ (flat rate contributions) BELOW.

❶ 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.

	Amounts paid by other resident(s)			Total Expenses:
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**

❷ 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