RP-467

9/19)

Application for Partial Tax Exemption for Real Property of Senior Citizens

For help completing this application, see Form RP-467-I, *Instructions for Form RP-4*67. 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.

This form may only be used to apply for the partial tax exemption for real property of senior citizens. It may **not** be used to apply for the Enhanced STAR exemption, which is a separate exemption.

Name(s) of owner(s)		
Brian Gaczenski		
Mailing address of owner(s) (number and street or PO box)	Location of property (street address)	
1554 Clinton St	1554 CLINTON ST	
City, village, or post office State ZIP code A+++++ A++++ N-V N-V N-V N-V N-V N-V N-V	City, town, or village State ZIP code A // I C A	
Daytime contact number Evening contact number	School district	
591-2909 SAME	ATTICA	
E-mail address	Tax map number of section/block/lot: Property identification (see tax bill or assessment 56 2400 30, -/- 8	ent roll)
Name(s) of any non-owner spouse(s)	1 0 0 0 10 0 30, 1 8	
Addroso(co) of pipe and the second of the se		
Address(es) of primary residence(s) if different from above:		
1 Indicate which documents you included with this application as	proof of age of owners (see instructions):	
Driver license Birth certificate Other (s		
☐ Driver incense ☐ Birth certificate ☐ Other (s	specify)	
2 Date you acquired ownership of property (see instructions):	June 2000	
3 Indicate document included with application as proof of owners	hip (see instructions):	•
☐ Deed ☐ Other (specify) ☐ TAX B: //	· Land	
.,		·
4 Do all the owners of the property presently occupy the premises	s as their legal primary residence?	lo 🔲
	-	
4a If the answer to 4 is No, is an owner receiving medical can health care facility?	are as an in-patient in a residential	
		, ,
4b If the answer to 4a is Yes, specify name and location	of the facility: 1534 Clinton St Atto	a
7. 7.		
4c If the answer to 4 is No, is the non-resident owner the sp	oouse or former spouse of the resident owner? Yes 🔲 N	о 🗌
4d If the answer to 4c is Yes, is he or she absent from the abandonment?	* * * * * * * * * * * * * * * * * * * *	la 🗆 /
5 Is any portion of the property used for other than residential pur	massa (sammarsial nuclearisms) office at 10	
		0 17
5a If answer is Yes, explain such use and describe the portion	on that is so used	

6 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		
•	Brian Gaczewski	Social Security		\$1886.00 month		
		<i>F</i> .		340.00 retirement		
				238.61 retiremen		
			L Constitution of the Cons	·		
				July Price outside a resident re-		
6	Total income of owner(s)		6a	\$ a 464.61		
	Name of spouse(s) if not owner of property	Source of income of spouse(s)		Amount of income of spouse(s)		
1	Deborah Gaczewsky	Social Security		\$853.00 month		
2		,				
		·.				
6Ł	Total income of spouse(s)		6b			
	: Total income of owner(s) and spouse(s) (add		Г	*853.00		
Of res	the income specified in line 6c how much, if any sidential health care facility? Attach proof of amo	ount paid: enter 0 if not applicable.	7	Ò		
Of res (se	sidential health care facility? Attach proof of amo	ount paid: enter 0 if not applicable.		ð \$'3317.61		
Of res (se 7a	sidential health care facility? Attach proof of amo	ount paid: enter 0 if not applicable. tract line 7 from line 6c) tription drug expenses is authorized by any	7a			
Of res (se 7a If a of	sidential health care facility? Attach proof of amore instructions) Total income of owner(s) and spouse(s) (subtraction for unreimbursed medical and prescribe municipalities in which the property is located under the municipalities in a content of the property is located.	tract line 7 from line 6c)	7a			
Of rest (see first	sidential health care facility? Attach proof of amore instructions) Total income of owner(s) and spouse(s) (subtraction for unreimbursed medical and prescribe municipalities in which the property is located	ract line 7 from line 6c)	7a	\$ 3317.61		
Off rest (see fig. 6) of 8 at 8 th 1 fig. 8 at 1 fig.	sidential health care facility? Attach proof of amore instructions) Total income of owner(s) and spouse(s) (subtraction for unreimbursed medical and prescribe municipalities in which the property is located Unreimbursed medical and prescription drug of insurance).	cract line 7 from line 6c)	7a			
Office: (see 7a If a of 8a If a	sidential health care facility? Attach proof of amore instructions) Total income of owner(s) and spouse(s) (subtraction for unreimbursed medical and prescribe municipalities in which the property is located Unreimbursed medical and prescription drug of insurance). Total income of owner(s) and spouse(s) (subtracted deduction for veteran's disability compensation	punt paid: enter 0 if not applicable. Fract line 7 from line 6c) Fription drug expenses is authorized by any id (see instructions), complete the following costs (deduct any amounts reimbursed by fract line 8a from line 7a) Fract line 8a from line 7a) Frie is authorized by any of the municipalities wing (see instructions):	7a	\$ 3317.61 \$ 3317.61		
Offices (see See See See See See See See See See	sidential health care facility? Attach proof of amore instructions) Total income of owner(s) and spouse(s) (subtracted the municipalities in which the property is located insurance). Total income of owner(s) and spouse(s) (subtracted the municipalities in which the property is located insurance).	punt paid: enter 0 if not applicable. Fract line 7 from line 6c) Fription drug expenses is authorized by any and (see instructions), complete the following costs (deduct any amounts reimbursed by	7a 8a 8b 9a	\$ 3317.61 \$ 3317.61		
Off rest (see 7a If a of 8a 8b If a 19a 9b	sidential health care facility? Attach proof of amore instructions) Total income of owner(s) and spouse(s) (subtraction for unreimbursed medical and prescript municipalities in which the property is located insurance). Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation which the property is located, complete the follow.	punt paid: enter 0 if not applicable. Fract line 7 from line 6c)	7a 8a 8b 9a 9b	\$ 3317.61 \$ 3317.61		
Off rest (see Factors) (see Fa	sidential health care facility? Attach proof of amore instructions) Total income of owner(s) and spouse(s) (subtraction for unreimbursed medical and prescription drug of insurance). Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation which the property is located, complete the follow. Veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation received (at a Total income of owner(s) and spouse(s) (subtraction for veteran's disability compensation for veteran's disability	tract line 7 from line 6c)	8a 8b 9a 9b	\$ 3317.61 \$ 3317.61 \$ 3317.61 Yes \(\sqrt{No} \)		

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	
The fand,	MANYED	591-2909	2-25-21	
			•	
			,	

This A	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	County%
Proof of income submitted	School%
Application approved	☐ Village %
Application disapproved	
Assessor's signature	Date

2021 Town & County Tax Bill Town of Bennington

Town of Bennington Collector 905 Old Alleghany Rd. Attica, NY 14011

*562400 30.-1-8 000547 Gaczewski Brian 1554 Clinton St Attica, NY 14011

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BANK CODE	BILL NO. SEQUENCE NO. PAGE NO. RO			ROLL SECT.	ACCOUNT NO.
LERET	000547	547	1 OF 1	1	
	ISCAL YEAR		WARRA	NT DATED	SWIS CODE
1/1/2021 - 12/31/2021 12/8/2			3/2020	562400	
	ESTIMATE	D STATE AID	and Tale II		
CNTY 21,160,076 TOWN 352,587			1	REVERSE SIDE FOR E INFORMATION	
		EGD VOUD IN	ODMATIO	٠,	

Last Day to Pay Without Penalty: February 1, 2021
1% Penalty: February 2 - March 1, 2021
2% Penalty: March 2 - March 31, 2021
***No Payment Accepted after March 31, 2021
***Delinquent Notices will be sent out March 16, 2021
With a \$2.00 Service Charge added.

IN **Bennington Town Hall** PERSON Mondays & Wednesdays 5pm - 7:30pm **PAYMENT** Saturdays 9am - Noon

VALUE EXEMPTION TAX PURPOSE

	· ·			
	PROPERTY DESCRIPTION & LOCATION	IJ	EXEMPTION	TAX PURPOSE
TALBUP NO. LOCKTON	562400 301-8 1554 Clinton St			
DEMENSIONS SENOCH MEST PROPERTY	FR FT: 185.00 ACRES: 2.72 Attica 1 Family Res			
CLLSS	· ·	۱ [THE ASSESSOR	ESTIMATES THE FL

Lot 5 Town 10 Range 3 Sec 308-42

HE ASSESSOR ESTIMATES THE FULL MARKET VALUE OF THIS PROPERTY AT: THE UNIFORM PERCENTAGE OF VALUE USED TO ESTABLISH ASSESSMENTS IS: THE ASSESSED VALUE OF THIS PROPERTY IS:

181333 37.50% 68000

VALUE

LEVY DESCRIPTION	TOTAL TAX LEVY	% CHANGE PRIOR YEAR	TAXABLE ASSESSED VALUE	TAX RATE PER \$1,000	TAX AMOUNT
Wyoming County Tax Town of Bennington Bennington fire d5 Recycle district	25,081,691 1,118,515 100,000	8.3 2.2 0.0	68,000.00 68,000.00 68,000.00 1.00	26.289786 9.491242 1.665947 258.330000	1,787.71 645.40 113.28 258.33
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				 34	
					2,804.72
PAID BY 03/01/2021	03/16/2021 03/31	/2021 8.09		DUE BY:	
PENALTY 28.05 OTAL DUE 2.832.77	56.09 5 2.860.81 2.86			Survey was the serve server and the	TAX PAYER'S COPY