

**TOWN OF BABYLON DEPARTMENT OF ASSESSMENT**  
Partial Tax Exemption for Persons with Disabilities & Limited Income – Sec. 459-C

**FIRST TIME DISABILITY APPLICANT INSTRUCTION SHEET - PLEASE READ CAREFULLY**

**Filing Deadline:**                    **March 1, 2018** – Applications received after the filing deadline will be denied.

**Application Accepted:**        In Person:        9:00 a.m. – 4:30 p.m. Monday through Friday  
By Mail:            Must be **postmarked** no later than March 1, 2018  
If mailing, consider using certified/return receipt

- Requirements:**
1. You must provide **one** of the following for proof of disability
    - a) Award letter from the Social Security Administration
    - b) Award letter from the Railroad Retirement Board
    - c) Certificate from the State Commission for the Blind and Visually Handicapped
    - d) Award letter from the U. S. Postal Service
    - e) Award letter from the U. S. Dept. of Veterans Affairs certifying disability
  2. Must be your primary residence and you must be the recorded owner
  3. Combined **GROSS** income of all owners and spouses cannot exceed \$37,400

**The Town of Babylon requires the following information to be attached to and submitted with your COMPLETED AND SIGNED application:**

- Photocopies of:**
1. **To prove ownership you must submit one of the following:**
    - a) most recent **recorded** deed
    - b) certificate of shares for co-op
    - c) mobile home – bill of sale including serial number  
(Note – if ownership of any of above is in a “trust”, must provide copy of trust)
  2. **To prove residency you must provide one of the following for each applicant:**
    - a) current drivers license or NYS non-driver ID
    - b) current car registration
  3. If spouse is deceased and still listed as an owner, a copy of Death Certificate
  4. If divorced or legally separated, a copy of the divorce decree or legal separation
  5. If you are claiming unreimbursed medical or prescription expenses, copies of itemized lists from physician(s) and/or pharmacist(s) must be submitted **at time of filing**. Cancelled checks and individual receipts will not be deducted.
  6. If you are receiving assistance from Social Services please provide a copy of your **Notice of Decision** for proof of benefits.

**To Prove GROSS INCOME you must submit PHOTOCOPIES of the following for the 2017 tax year  
(No originals please, we are unable to return them to you)**

1. **ENTIRE** Federal Income Tax Return for **2017**, including **all** schedules and **all** 1099's.

(OVER)

2. Social Security 1099(s) for **2017**, as well as any non-taxable pensions such as railroad, police, fireman, workers compensation and private disability.
3. **IRA** end of year **interest or earnings summary**, showing interest earned for **2017**, (i.e. found in your final yearly statement, snapshot or performance summary, etc.) for **all** IRA accounts, even if you do not take a distribution. (Note: the interest or earnings is **not** found on your tax return, nor is it found on your 1099-R distribution statement.)
4. Copy of your most recent (**2017**) mortgage, reverse mortgage or home equity loan statement.
5. Proof of any rental or business income.
6. Applicants must report on green sheet any income or contributions toward household expenses from all sources, including but not limited to, those living on the premises, i.e. family, friends, tenants.

**IF YOU ARE NOT LEGALLY REQUIRED TO FILE A TAX RETURN, YOU MUST SUPPLY PHOTOCOPIES OF ALL SOURCES OF INCOME, INCLUDING ALL 1099'S – WE MAY ALSO REQUIRE YOU TO SIGN PROOF OF NON-FILING, IRS FORM 4506-T WHICH WILL THEN BE SUBMITTED TO THE IRS FOR VERIFICATION.**

**INCOMPLETE APPLICATIONS WILL BE DENIED  
BE SURE TO SUBMIT YOUR COMPLETED APPLICATION BY MARCH 1, 2018**