



Application for School Tax Relief (STAR) Exemption

LAST DATE TO FILE
DECEMBER 3rd

Dear Property Owner,

You may be eligible for a School Property Tax Savings, if you own property and it is your primary residence. you are probably eligible for a STAR school property tax exemption. To get your exemption all you have to do is **complete the following sections, submit proof of residency & ownership sign, and date and return this form to the City of White Plains Assessor's office by December 1st.**

Name and telephone number of owner(s)

Mailing address of owner(s)

Day Number() _____
Evening Number() _____
E- Mail Address _____

Location of property

Street address
WHITE PLAINS
City/town

Village (if any)
WHITE PLAINS
School district

Tax map number or section/block/lot **6/30/1A, 1C**
Property identification (see tax bill or assessment roll)

You may be eligible for a larger school property tax savings if you meet these **age and income requirements:**

1. If you are applying for STAR for the 2008-2009 School year:
 - a). Will all owners be at least 65 years of age as of December 31, 2008
 - b). Is the property owned by a husband and wife or by siblings, whereby at least one spouse or sibling will be 65 years of age as of December 31, 2008? Yes No
2. Is the total 2006 income of all the owners, and of any owners' spouses residing on the premises, \$70,650. Yes No
(See definition of income for STAR purposes on back of form.)

If the answer to both questions 1 and 2 is yes, all owners, including non-resident owners, must attach a copy of either their 2006 federal or 2006 state income tax return (if filed). (Tax schedules and tax form attachments are not routinely required.) **Return this form to the City of White Plains Assessor's office by December 1st.** The assessor will require proof of age. Do not file this form with the State Board of Real Property Services.

Caution: Anyone who misrepresents his or her primary residence, age or income shall be subject to a \$100 penalty. shall Be prohibited from receiving the STAR exemption for five years, and may be subject to criminal prosecution.

I (we) certify that all of the above information is correct and that the property listed above is owned by and is my (our) primary residence. I (we) understand it is my (our) obligation to notify the assessor if I (we) relocate to another primary residence and to Provide any documentation of eligibility that is requested.

All resident owners must sign and date

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

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SCHOOL TAX RELIEF (STAR)
FOR PROPERTY TAX EXEMPTION APPLICANTS
OF COOPERATIVE APARTMENTS

- 1) NAME(S) OF APPLICANT _____
- 2) APPLICANT'S UNIT/APARTMENT NUMBER _____
- 3) NAME(S) OF THE SHAREHOLDERS OF THIS UNIT _____
- 4) IF MORE THAN ONE OWNER, BE SURE TO LIST ALL OWNERS HERE _____

- 5) NUMBER OF SHARES IN THIS UNIT OWNED BY APPLICANT _____
- 6) DATE APPLICANT PURCHASED THESE SHARES _____
- 7) ADDRESS OF THE BUILDING IN WHICH THE UNIT IS LOCATED:

- 8) TAX MAP IDENTIFICATION OF THE BUILDING IN WHICH THE UNIT IS LOCATED
6/30/1A, 1C

- 9) TOTAL NUMBER OF SHARES FOR THIS BUILDING _____ 112,880
- 10) THE UNIT IS THE PRIMARY RESIDENCE OF THE APPLICANT(S) YES ___ NO ___

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER CERTIFY THAT THE COOPERATIVE CORPORATION/MANAGING AGENT WILL NOTIFY THE ASSESSOR OF ANY TRANSFER OF THE SHARES OF THIS UNIT.

Signature of Officer/Managing Agent	ROBERT ORLOFSKY Print Name
AGENT Title	(914) 328-6962 Telephone Number
Address	

Date

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