

SENIOR CITIZEN HOMEOWNERS' EXEMPTION

INITIAL APPLICATION

Who can apply

You may qualify for SCHE if the total combined annual income of the property's owners and their spouses is \$58,399 or less and every owner is 65 or older. (If the owners are spouses or siblings, only one must be 65 or older.) With some exceptions, the property must be the primary residence of all owners.

Deadline: March 15. (If March 15 falls on a weekend or holiday, the deadline is the next business day.)

How to get help: Visit www.nyc.gov/contactpropexemptions or call 311.

How to apply
Submit all of the following:
 A completed application Proof of age and income, as described in "Section 5: Required Documents." Any other required documents listed in "Section 6: Additional Documents."
Mail your application and documents to:
New York City Department of Finance, Homeowner Tax Benefits, P.O. Box 311, Maplewood, NJ 07040-0311

Section 1: Property Information					
BOROUGH:	BLOCK:	LOT:			
STREET ADDRESS:		APT #:			
CITY:	STATE:	ZIP:			
MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS):					
CONTACT PERSON NAME:	PHONE #:	EMAIL ADDRESS:			
Type of Property:					
☐ Condominium ☐ Cooperative ☐ 1 - to 3 - family house ☐ 4 + family house or other					
If your home has four or more units, enter the % of the space that is used as your primary residence:%					
Is any portion of your property used for commercial purposes?					
If yes, enter the percentage used for commercial purposes%					
Have you owned this property for at least 12 consecutive months?	No Is the property he	Id in a trust?			
Did you receive this property through a will? Yes	No Is there a life esta	te on the property?			
Does a child (including tenants) reside on the property and attend public school in grades pre-K to 12? Yes No					

Section 2: Owner(s) Information								
Lis	at all owners as recorded on deed or	certificate of	share	es				
OV	NER NAME	DATE OF BIRTH		SSN OR ITIN # PHOP		PHONE#	NE#	
1								
2								
3								
4								
Cr	eck the boxes below if:							
							Owner 4	
	u are married to another owner of th			Owner 1	Owner 2		Owner 3	Owner 4
Yo	u are the sibling of another owner of	the property.		Owner 1	Owner 2		Owner 3	Owner 4
Yo	u own additional properties.			Owner 1	Owner 2		Owner 3	Owner 4
	Check this box if a relative or guardi	ian is responsit						
this section for the relative or guardian. Has anyone in your household ever served, or are they currently serving, in the U.S Armed Forces, National Guard, or								
	serves? Please select any that apply:			, 65	10.0 0.0 1		00,	. O.
	Self Spouse/Partner Child O	other (write in)						_
Se	ection 3: Income							
Es	timate the total combined annual incom	ne of all owners	and s	spouses.				
You must enter a number in this box ▶ \$								
See the instructions that are included with this application, or visit www.nyc.gov/sche for more information. You must provide income information or this may delay processing of your application.								
Section 4: Certification (All owners must sign.)								
I certify that all of the information provided in this application is true and correct to the best of my knowledge. I certify that I am not receiving a property tax exemption at any other property that I own, including properties outside of New York City.								
I understand that this information is subject to audit and that if the Department of Finance determines that I have made false statements, I may lose my future benefits and be responsible for all applicable charges and penalties. I understand that I am required to notify the Department of Finance of any changes that might affect my eligibility for this benefit. I understand that my income is subject to verification by the Department of Finance.								
Na	ame	Signat	nature		Date	е		

Section 5: Required Documents					
Proof of Age					
Provide a copy of one of the following for each owner.	Birth certificate, passport, driver's license, government-issued photo identification card, or other federal, state, or local document displaying date of birth.				
Proof of Income	Federal or state income tax returns with all schedules and 1099s. If you received				
Provide a copy of the following for all owners and spouses for 2023.	 IRA distributions or distributions from an individual retirement annuity, you may deduct the taxable amount from your adjusted gross income for the purposes of determining your eligibility for benefits. Please include any relevant documentatic including but not limited to 1099-R forms. Or, for owners or spouses who did not file a federal or state tax return, submit copies of all sources of income, including those listed below. 				
	 ▶ Wages. ▶ Unemployment benefits. ▶ Social Security benefits. ▶ SSI payments. ▶ Annuity Earnings. ▶ Capital gains. ▶ Business income. ▶ Workers' compensation. ▶ Rental income. ▶ Interest. 				

Section 6: Additional Documents (Submit all that apply.)				
If the property is held in a trust:	Submit a copy of the entire trust agreement.			
If the property was willed to the owner:	Submit a copy of the last will and testament or the probate or court order.			
If an owner listed on the deed is deceased:	Submit a copy of the death certificate.			
If an owner is living full-time at a residential healthcare facility:	Submit an official letter from the facility which includes the cost of care for the income year provided.			
If an owner owns additional properties (in NY or elsewhere):	Provide the following information for each property: address, borough-block-lot number, and any tax exemptions the property receives.			
If an owner listed on the deed is living elsewhere:	Submit complete legal documentation of divorce, separation, or abandonment.			
If there is a life estate on the property:	Submit a copy of the life estate.			

^{*}You must provide your Social Security number or ITIN, if you have such a number, in order to apply for this property tax exemption. We are asking for this information to make sure that our records are accurate, and that you have submitted accurate information. Our right to require this information is described in Section 11-102.1 of the Administrative Code.

If due to a disability you need an accommodation in order to apply for and receive a service or participate in a program offered by the Department of Finance, please contact the Disability Service Facilitator at www.nyc.gov/contactdofeeo or by calling 311.