



Office of the Town Assessor
 16 Croton Avenue
 Ossining, NY 10562
 (914) 762-8274

Residential Reassessment Exemption Application

Applications Must Be Submitted to the Office of the Town Assessor by September 15th, 2016

This application is being submitted to determine if property owner is entitled to the assessment exemption described in the amended New York State Law Section 485-S

Owner's Name: _____ **Parcel Id:** _____
Any additional owners, please list below (#7).

Property Location: _____ Zip Code: _____

Please check the box that best answers the question:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is this property a one, two, or three family home? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Is this your primary residence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you owned and resided in this home prior to Sept 15, 2015? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are all taxes on the property current (County, Town, School, and Village)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Are you currently receiving the STAR Discount? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If "no", please explain. _____

- | | | |
|---|------------------------------|-----------------------------|
| 6. Have you filed a grievance for the 2016 assessment year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

If "Yes", did you have a representative file on your behalf? Yes No

Representative's Name: _____

- | | | |
|--|------------------------------|-----------------------------|
| 7. Are all owners residing at this location? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

If "no", please explain. _____

- | | | |
|--|------------------------------|-----------------------------|
| 8. Within the last five years, have you made any improvements to the property? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

If "Yes", please explain. _____

- | | | |
|--|-----------------------------------|------------------------|
| 9. 2015 Eq. Assessed Value: _____ | 2016 Assessed Value: _____ | Increase: _____ |
|--|-----------------------------------|------------------------|

Acknowledgement: By signing this application you confirm that all provided answers are accurate and complete.

By signing and submitting this application you also agree to the following:

- The property must have a Certificate of Occupancy or temporary Certificate of Occupancy.
- The exemption, if granted, cannot be transferred to a new owner.
- This exemption is only for the taxes resulting from the 2016 reassessment increase. Assessment changes due to current open or future building permits will not be applicable.**

 Owner's Signature

Date _____ Phone # _____

Email _____



TOWN OF OSSINING

The Volunteer Spirited Town

16 CROTON AVENUE
OSSINING, N.Y. 10562

PHONE: 914-762-8274 FAX: 914-762-8634
FGonzalez@TownofOssining.com

Fernando Gonzalez
Town Assessor

FREQUENTLY CALLED NUMBERS

Town of Ossining Receiver of Taxes (914) 762-8279
16 Croton Avenue, 3rd Floor
Ossining, NY 10562

Town of Ossining Building Department (914) 762-8419
101 Route 9A
Ossining, NY 10562

Village of Ossining Treasurer & Finance (914) 941-2581
16 Croton Avenue, 2nd Floor
Ossining, NY 10562

Village of Ossining Building Department (914) 941-3199
101 Route 9A
Ossining, NY 10562

Village of Briarcliff Manor Receiver of Taxes (914) 944-2723
1111 Pleasantville Road
Briarcliff Manor, NY 10510

Village of Briarcliff Manor Building Department (914) 944-2770
1111 Pleasantville Road
Briarcliff Manor, NY 10510