

This addendum must accompany any application or renewal of the NYS Limited-Income Disability Exemption (RP-459)
Due March 1st

TOWN OF BETHLEHEM
 Assessor's Office
 445 Delaware Avenue
 Delmar, NY 12054
 (518) 439-4955



Additional Income Affidavit and IRA Disclosure Statement (2021 income)

New York State Real Property Tax Law (not the IRS Tax Code) defines "income" for the purpose of this property tax exemption. This addendum is a required part of the Town of Bethlehem Disability w/ Limited-Income exemption application process. It ensures that every applicant is asked about and provides a complete financial picture according to the NYSRPTL definition of "income". The Disability w/ Limited Income exemption is provided to the applicants demonstrating the greatest need. **FAILURE TO PROVIDE THIS INFORMATION WILL RENDER YOUR APPLICATION (RP-459 or RP-459-c-rnw) INCOMPLETE.** Incomplete applications will be denied.

Name of Owner: _____	Name of additional owner: _____
Age on 12/31/22: _____	Age on 12/31/22: _____
Are you the only owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Owner: _____
Property Location: _____	Mailing Address: <input type="checkbox"/> Same as location
_____	_____
_____	_____

1. Are there any residents in the home other than the senior applicant(s) listed above? Yes No
 If Yes, please complete the following:

Name	Relationship to Owner	Age*	Name of public school, if applicable

*If any non-owner resident is over 18 years old, you must also complete our additional residents' contribution worksheet, available upon request.

2. Does/do the applicant(s) have any non-taxable income such as Veteran's Disability or Pension Benefits, Railroad Retirement, Unemployment Benefits, or alimony? Yes No
 If Yes, please specify: _____
 (Attach the annual earnings statement(s) from these income sources.)

3. Do you own any other residential real estate, in any state, including New York, for which you are receiving tax discounts based on your residency there? Yes No

If Yes, identify the address(es) below:

Street Address	Town/City	County	State

4. ***IF this is your first disability application*** for this property because you have recently purchased the property, please answer: check if not applicable
- Did you have the limited-income senior OR disability exemption on your previous NYS property?
 Yes No
- If Yes, provide the address and municipality: _____
5. For the purpose of this exemption, New York State Laws require that your IRA investments are treated the same as a savings account, that is, any amount withdrawn from the account(s) will be ignored but the earnings are considered income, even when you do not take any distribution. "Earnings" may be in the form of interest, dividends, or capital gains. Documentation of earnings is required with a year-end statement.

Do you or your spouse **have ANY** Individual Retirement Accounts (IRAs)?
 Yes (please complete the following) No (skip to Certification below)

Indicate which types of IRA investments you have including rollovers. Check all that apply and list them below (attach additional sheet(s) if necessary).
 Traditional Roth Check here if invested in an Annuity

IRA DISCLOSURE STATEMENT*

Name of Financial Institution	Account Number	Account Type	Name on Account	Earnings for 2021	Balance on 12/31/2021
				\$	\$
				\$	\$
				\$	\$
				\$	\$

*Please note: you **must** list ALL IRA Investments **even if you are not currently taking distributions.**

CERTIFICATION

UNDER PENALTY OF PERJURY, I/we swear that I/we have listed every **Individual Retirement Account** and have included the earnings statements for all IRA investments. I **have disclosed all other income information** including, but not limited to, non-taxable interest income, capital gains, alimony, business and/or commissions, rental income, insurance disability income, veterans disability income, workers' compensation, unemployment payments, etc.

And, **UNDER PENALTY OF PERJURY**, I/we swear that the residence indicated on the front of this form is my/our **Primary residence**. And, I hereby give the Town of Bethlehem **authorization to verify such facts** with the appropriate authorities, (Internal Revenue Service, State of New York, and School District).

Signature: _____ Date: _____
 Signature: _____ Date: _____

Failure to return this completed addendum will result in denial of exemption.