

### INCORPORATED VILLAGE OF LINDENHURST

430 SO. WELLWOOD AVENUE - LINDENHURST, NEW YORK 11757

TO: Lindenhurst Volunteer Firefighters/Ambulance Workers

FROM: Village of Lindenhurst Assessor's Office

RE: Application for Volunteer Firefighters/Ambulance Workers Exemption

DATE: May 30th, 2023

The Lindenhurst Village Board had adopted a local law granting a partial tax exemption to Lindenhurst Village Firefighters and Volunteer Ambulance Workers from their Village tax bill, per section 466 of the New York State Real Property Tax Law.

In order to qualify, one must have a minimum of 5 years of service with the Lindenhurst Fire Department as of October 2nd, be the owner of residential property in the Village of Lindenhurst and reside at the property. The exemption will be 10% of the current assessed value and only effects your village tax bill.

The RENEWAL APPLICATION must be signed by the applicant and their spouse, if the spouse also owns the property, and submitted no later than October 2nd, 2023.

Should you have any questions call the Assessor's Office at 631-957-7506.

Sincerely,

Kevin Donohue Assessor



## **RENEWAL - MUST BE FILED EACH YEAR** DEADLINE OCTOBER 2<sup>ND</sup>

#### INCORPORATED VILLAGE OF LINDENHURST **430 SOUTH WELLWOOD AVENUE**

#### RENEWAL APPLICATION FOR VOLUNTEER FIREFIGHTERS/ **AMBULANCE WORKERS EXEMPTION**

#### **PLEASE PRINT**

NAME:	SCT	·M #:
ADDRESS:		
Dear Property Owner,		<del></del>
Have any of the following changes occurr any of the listed changes have occurred, p change on the lines below. If none of thes	please check the appropriate box a	and give a brief explanation of each
a.) Certification: a change has occu	rred in the certification of the enro	olled member
b.) Residency: a change has occurre	ed in the primary residence of the	enrolled member
c.) Ownership: a change has occurr	red in the ownership of the proper	ty
d.) Use of property: a change has o professional office, etc.)	occurred in the use of the property	(farming, commercial, vacant land,
e.) Un-remarried spouse of decease she was killed in the line of duty	sed enrolled member: who was re	eceiving the exemption when he or
f.) Un-remarried spouse of decease to his or her death	ed 20-year enrolled member: who	was receiving the exemption prior
g.) 🗌 List all real estate that you own	, whether wholly or in part (attac	h additional sheet if necessary)
EXPLANATION OF CHANGES		
NO CHANGES – CHECK IF NONE OF THE	E ABOVE CHANGES HAVE OCCURR	ED
*REQUIRED – Name of Incorporated Volum Ambulance Service	nteer Fire Company, Fire Departmo	ent, or Incorporated Volunteer
<u>CERTIFICATION</u> :		
I certify that all statements made on this a	application are true and correct to	the best of my belief.
Sign:		
Signature of Applicant and all other	Deeded Owners	Date

# INSTRUCTIONS FOR APPLICATION FOR VOLUNTEER FIREFIGHTERS/ AMBULANCE WORKERS EXEMPTION IN SUFFOLK COUNTY

**Authorization for exemption:** Section 466-c of the Real Property Tax Law authorizes the governing body of a county, town, village or school district in a county having a population of between 1,400,000 and 1,500,000 according to the latest federal decennial census (only Suffolk County currently satisfies this standard) to partially exempt the residence of a volunteer firefighter or volunteer ambulance worker.

Computation and duration of exemption: The exemption is available only to members of incorporated volunteer fire companies, fire departments or incorporated volunteer ambulance services who have been certified as being enrolled members for at least five years. The municipality determines the procedure for certification. In addition, at local option of the county, town, village or school district, the exemption may be granted for the life of an enrolled member who has accrued more than 20 years of active service. At further local option, the exemption is also available to the un-remarried spouse of an enrolled member who was receiving the exemption when he or she was killed in the line of duty. In addition, at local option, the exemption may be continued or reinstated for the un-remarried spouse of an enrolled member who accrued at least 20 years active service and was receiving the exemption prior to his or her death.

The exemption may be granted only to applicants who reside in the town served by the fire company, fire department or ambulance service. The exemption is available only to the primary residence of the application and only to property (or the portion thereof) exclusively used for residential purposes.

Municipalities which offer the exemption may also choose to offer it to otherwise qualifying volunteer firefighters/ambulance workers who are tenant-stockholders of a cooperative apartment corporation. The percentage of exemption to which the volunteer member is entitled will be applied to the percentage of the total assessed value of the entire parcel that represents the tenant-stockholder's percentage of the ownership of the stock of the corporation.

The exemption equals 10 percent of the assessed value of the property. For village tax purposes, where the property previously received the \$500 exemption authorized by section 466 of the Real Property Tax Law, the minimum exemption is \$500.

Place and time of filing application: The application must be filed annually in the assessor's office (r other official as designated by the municipality) on or before taxable status date. Taxable status date in most towns, including those within Suffolk County, is March 1. Taxable status date for most villages which assess is January 1, but the village clerk should be consulted for variations. Proof of certification of enrolled membership in the fire company or department or ambulance service or status as un-remarried spouse of enrolled member killed in the line of duty or who served 20 year shall be as required by the county, town, village or school district authorizing the exemption. Proof of ownership of the property needs to be filed with the owner's initial application. The assessor may request proof of primary residence (e.g. voter's registration, tax return).

FOR ASSESSOR'S USE			
1. Date application filed:	2. Taxable status date:		
3. Action on application: Approved or Denied	4. Amount of exemption:  County: City/Town: Village: School District:	_ 	
Assessor's Signature	Date		