PHONE (631) 957-7500

INCORPORATED VILLAGE OF LINDENHURST
430 SO. WELLWOOD AVENUE, LINDENHURST, NEW YORK 11757

INCOME LIMIT $37,400.00
INCOME YEAR 2025

Dear Senior Citizen,

Enclosed is the **Senior Citizen Partial Tax Exemption application** you requested. First time applicants need to submit a completed application in person, to verify the data submitted. Application and all paperwork must be submitted **by October 1, 2026. Your application can not be processed unless all information is supplied and questions are completed.**

Bring original Photo ID with date of birth or original birth certificate, proof of current residency for all owners to Village Hall.

Village Hall Hours: 8:00 AM – 3:30 PM

Fill in the enclosed 4506-T form with your name, Social Security number and address (lines 1a, 1b, 2a, 2b & 3). Sign, date and enter your phone number on the bottom "signature" line and mail to the **Internal Revenue Service** for processing. The **IRS** will then mail you your Wage and Income Transcript (**Even if you do not file a Tax Return**). You may also get your IRS transcript on-line at the IRS website. Visit IRS.gov and click on "Get your tax record".

PLEASE BE AWARE THAT THE VILLAGE WILL NOT ACCEPT ANY APPLICATIONS THAT DO NOT INCLUDE YOUR IRS TRANSCRIPT.

IMPORTANT INSTRUCTIONS:

All sections of the application should be completed before submitting.
Please use the following list as a guide and enclose a copy of all income documentation and Year-end statements that apply to your application:

1) Photo ID & Proof of Primary Residency (Originals)
2) Current Deed recorded with Suffolk County
3) Proof of Age (**Original**) Birth Certificate, NYS Driver License, Military ID or Naturalization Papers
4) **ENTIRE** Federal & State 2025 Income Tax Returns (signed copies submitted originals & all schedules & all W2's, 1099's,etc)
5) Wage & Income Transcript from IRS – 4506T
6) Copies of all Income Documents for all Owners-W-2 earning statements, 1099 Statements for interest earnings, Money Markets, Bonds, Dividends, Retirement, Pension or Annuity Plans**.**
7) Social Security Statements – SSA-1099 form
8) Capital Gains 1099-B
9) Workers Compensation & Unemployment statements
10) Self-Employment Income, Business Owners & Rental Property Owners. Submit appropriate tax returns with income and expense statements & schedules.
11) Veterans Pension & Disability Payments and award letters
12) Alimony, Support Money, Money from all others living in the house, Disability Income, Veterans' Disability, VA Surviving Spouse Disability Pension.
13) Copy of Death Certificate and Probated Will (if applicable) if one owner or spouse is deceased.

IF YOU ARE NOT LEGALLY REQUIRED TO FILE A TAX RETURN, YOU MUST SUPPLY PHOTOCOPIES OF ALL SOURCES OF 2025 INCOME.

If you need any assistance completing the application, contact the Assessment Department at 631-957-7506.

VILLAGE OF LINDENHURST

APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL PROPERTY OF SENIOR CITIZENS

Application must be filed with the Village of Lindenhurst Assessor before October 1st

Names of ALL Owners	Birth Date	Marital Status	Soc. Security #	Mailing Address

1. Name of any spouse (not listed under owners) _____

2. Telephone Number – Day ( ) _____ Evening ( ) _____

3. Location of property/street address _____
   Tax Map Number (Section/Block/Lot) _____

4. Do you or any owners own additional property **in, or out, of NY State?** Yes ☐ No ☐
   Address of additional property: _____

5. Proof of age of owners – Documents Reviewed:
   NYS Driver's License ☐ Birth Certificate ☐

6. Date applicant(s) took ownership of property: _____ Latest Recorded Deed (attached) _____

   Is property in a trust? Yes ☐ No ☐ (if Yes, attach entire trust) _____ pages

7. Do all owners of the property presently reside on the premises? Yes ☐ No ☐
   If the answer is no, is an owner receiving medical care as an in-patient in a health-care facility? Yes ☐ No ☐
   If "Yes," specify anticipated length of stay and return home date: _____

   _____

   If answer to #7 is "No," is the non-resident owner the spouse or former spouse of the resident owner and is he or she absent from the residence due to divorce, separation or abandonment? Yes ☐ No ☐
   If answer is "No," please explain: _____

   _____

8. Is any portion of the property used for other than residential purposes (business, commercial, vacant land, professional office, farming, etc.)? Yes ☐ No ☐
   If "Yes," explain such use and describe the portion that is so used. _____

   _____

9. Did Owner(s) or Spouse file a **Federal or N.Y. State Income Tax Return** for previous year (**2025**)?
   Yes ☐ No ☐ If "Yes," attach copies of tax returns with all year-end statements and schedules.

10. Does a child (or children), including those of tenants, reside on the property and attend a public school Graded Pre-K to 12? Yes # ☐ No # ☐ Name and Location of school(s) _____

    _____

11. Income Eligibility Worksheet – Verification of all taxable and non-taxable income must be submitted with application including year-end statements and necessary documentation. Information will be verified.

SOURCES OF INCOME FROM ALL OWNERS & OWNER'S SPOUSE		
Gross Social Security, including Medicare. (Attach complete copy of SSA-1099)		
Salary or Wages (Attach W-2s including self-employment W-2G Gambling Winnings)		
Pensions, Annuities & Retirement Plans (Attach 1099R statements and include taxable & non-taxable pension)		
Taxable & Non-Taxable Interest (Attach all 1099-INT & year-end statements for non-taxable interest)		
Taxable & Non-Taxable Dividends (Attach all 1099-DIV & year-end statements for non-taxable dividends)		
Capital Gains (Include tax-deferred capital gain distribution statements from financial institutions)		
Rental Income (Received from all properties)		
Business Income (Attach Schedule C, S-Corp Tax Return with K-1 or Partnership Tax Return		
Income from Estates or Trusts (Attach the Estate or Trust's Income Tax Return)		
Disability/Worker's Compensation Payments/Unemployment Insurance Benefits		
VA &/or VA Disability Pension(s) or **Surviving Spouse VA Disability Pension** (attach award letter)		
Alimony and/or Child Support Payments		
Other sources of income (i.e. money from others to support living expenses)		
TOTALS OF ALL INCOMES	$	$
GRAND TOTAL	$	

I (We) certify that all of the above information made on this application is true and correct and that the property listed above is my (our) legal primary residence. I (We) understand it is my (our) obligation to provide any documentation of eligibility that is requested and to notify the Assessor if I (We) relocate to another primary residence. I (We) understand that any willful false statement of fact will be grounds for disqualification from further exemption for a period of five (5) years and a fine as set forth in New York State Real Property Tax Law #467.

Signature(s) (ALL Owners) **Date** **Signature(s) (ALL Owners)** **Date**

_____ _____

_____ _____

_____ _____