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 **Renewal Senior Citizen Partial Tax Exemption Application** for the Village of Lindenhurst**. All renewals, with proof of income and required documents must be submitted on or before October 1, 2026.** Your application **cannot be processed** unless all information is supplied and all questions are completed.

Applications may be submitted at Village Hall.
Village Hall Hours: 8:00 AM – 3:30 PM

IMPORTANT INSTRUCTIONS

Please use the following list as a guide and enclose a copy of the following Documents that apply to your application.

1) **ENTIRE** Federal & State 2025 Income Tax Returns (signed copies submitted originals, all schedules, and all W2's, 1099's,etc)
2) 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**.**
3) Social Security statement SSA-1099
4) Capital Gains 1099-B
5) Workers Compensation & Unemployment statements
6) Self-Employment Income, Business Owners & Rental Property Owners. Submit appropriate tax returns with income and expense statements & schedules.
7) Veterans Pension & Disability Payments and award letters

8) Alimony, Support Money, Money from all others living in the house, Disability Income, Veterans' Disability, VA Surviving Spouse Disability Pension.

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

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

VILLAGE OF LINDENHURST

RENEWAL 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 _____

4. Tax Map Number (Section/Block/Lot) _____

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

6. Since filing your application last year, describe below any changes that have taken place and answer 6a to 6d.
   a. Has title to the property changed due to **creation of a trust, death, or addition or deletion of an owner, etc.?** Yes ☐ No ☐ If "Yes," attach entire trust, new deed, death certificate, etc.

   b. Has legal residence or occupancy of the property changed due to **divorce, legal separation, confinement of owner in hospital or nursing home, etc. ?** Yes ☐ No ☐

   c. Is residence used for additional purposes? (e.g. business, retail, professional office, shop, etc.)
   Yes ☐ No ☐ Explain _____

   d. Do any children of owners, tenant or leaseholders living on the premises, attend public school grades K to 12? Yes ☐ No ☐

   Explanation of changes that occurred as indicated in Question #6 a-d (attach additional sheets as necessary)

   _____

   _____

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

(May 2026)

8. 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)		
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**

_____ _____

_____ _____

_____ _____