

# DHE Disabled Homeowners' Exemption

## PREQUALIFYING CHECKLIST & INCOME WORKSHEET FOR 2019/2020

Please complete but do not submit with your application

### Are you eligible for the Disabled Homeowners' Exemption?

**Please confirm with your managing agent if your property is controlled by any of the following housing developments:**

- ✓ Mitchell-Lama
- ✓ Limited-Profit Housing Company
- ✓ Limited Dividend Housing Company
- ✓ Redevelopment Company
- ✓ Housing Development Fund Company

**If your property is controlled by a housing development mentioned above, it is NOT eligible for the Disabled Homeowners' Exemption.**

Are all owners persons with disabilities, **OR** are other owners the spouses or siblings of the disabled person or persons?  Yes  No

Is the property the primary residence for all disabled owners and their spouses, **OR** are any disabled homeowners receiving medical care in a health care facility?  Yes  No

Is the Total Combined Income (TCI) for all owners and spouses \$58,399 or less, regardless of where they live? (The income of a spouse may be excluded if absent from the residence due to divorce, legal separation or abandonment.)  Yes  No



**If you have answered NO to any of these questions, you MAY NOT be eligible for the Disabled Homeowners' Exemption.**

If due to a disability you need an accommodation in order to apply for and receive a service, or to participate in a program offered by the Department of Finance, please contact the Disability Service Facilitator at [nyc.gov/contactdofeeo](http://nyc.gov/contactdofeeo) or call 311.

#### 1. Property Information

##### Percentage Used As Primary Residency

If your property contains four or more residential units, indicate the percentage used as your primary residency. Example: if the property is a four-family dwelling and you reside in one fourth (1/4) of the property, the percentage used as primary residency is 25%. Or, if the owners reside in half of the property (2 of the 4 units) the percentage used as primary residency is 50%.

##### Trust/Life Estate Information

Indicate if the property is owned by a trust or held by a life estate holder. Note that if the property is held in trust, the exemption may be allowed if the beneficiary of the trust qualifies. If a person holds a life estate in the property, that person is the owner for DHE eligibility purposes.

##### Additional Properties Owned

If you or your spouse own additional/multiple properties, please complete Section 4, "Additional Properties" on page 3 of the application. If you no longer receive benefits on additional properties located outside of NYC, you must submit a letter from the county/state local assessor's office indicating that there are no benefits on those properties.

**2. Owner Information**

This section must be completed for all owners of the property (each person on the deed or stock certificate). Information for all owners is required even if not all of the owners live on the property.

Indicate if the property is the primary residence for each owner. If the property is not the primary residence for an owner, or if the owner is absent from the property due to receiving medical care in a health care facility or due to divorce, legal separation or abandonment, you must submit proof with the application.

- Social Security Numbers or Individual Taxpayer Identification Number (ITIN) must be included.
- Indicate the relationship of the owner to other owners of the property.

**3. Income Information**

**Proof of Income**

**In the box provided on page 3, indicate the Total Combined Income for all owners and spouses,** regardless of where they live, for calendar year 2018. If 2018 income is not available, you can use income for 2017. (The income of a spouse may be excluded if absent from the residence due to divorce, legal separation or abandonment.) Please note: This is not your Federal Adjusted Gross Income.

**Income Sources**

a. All Social Security payments (must be full amount received and not the taxable amount)	\$ _____	h. Interest (including nontaxable interest)	\$ _____
b. Dividends	\$ _____	i. Income from trusts	\$ _____
c. Capital gains	\$ _____	j. Net earnings from farming, business or profession	\$ _____
d. Gains from sales or exchanges	\$ _____	k. Net rental income	\$ _____
e. Payments from governmental or private retirement or pension plans	\$ _____	l. Alimony or support money	\$ _____
f. IRA and Annuity Earnings	\$ _____	m. Unemployment insurance payments, disability payments, workers' compensation, etc.	\$ _____
g. Salaries and wages (including bonuses)	\$ _____		

**\*Allowable Deductions:**

- Unreimbursed medical and prescription drug expenses. This does not include unpaid expense bills.
- If you filed the 1040 Federal Tax Return and completed a schedule A, we can use the information on the schedule for paid unreimbursed medical or prescription expenses. You do not have to send in the receipts.

**Total Income Sources + \$ \_\_\_\_\_**  
(add lines a-m)

\*Unreimbursed medical and prescription drug expenses - \$ \_\_\_\_\_

**Total Combined Income = \$ \_\_\_\_\_**

*Total Combined Income does not include:*

- IRA distributions
- Cash Assistance (Public Assistance)
- Reverse mortgage proceeds (but any interest or dividends realized from the investment of such proceeds are income)
- Supplemental Security Income (SSI)
- Gifts, inheritances
- Return of capital
- Nazi persecution reparation payments
- Federal Foster Grandparent Program payment

**4. Certification**

All owners must sign and date the application whether or not they reside at the property.

**DHE** Disabled Homeowners' Exemption  
INITIAL APPLICATION FOR 2019/2020

PLEASE PRINT

**1. PROPERTY INFORMATION**

BOROUGH	BLOCK	LOT	# OF COOPERATIVE SHARES
STREET ADDRESS			APT.
CITY		STATE	ZIP
TYPE OF PROPERTY <input type="checkbox"/> Condominium unit <input type="checkbox"/> 1-3 family dwelling <input type="checkbox"/> Cooperative <input type="checkbox"/> 4+ family dwelling			
IF FAMILY UNIT WITH 4 OR MORE UNITS, ENTER % OF SPACE USED FOR PRIMARY RESIDENCE: _____ %			
DATE YOU PURCHASED THE PROPERTY (mm/dd/yyyy)	COOPERATIVE/CONDO MANAGEMENT INFORMATION		
	COMPANY NAME	TELEPHONE NUMBER ( ) -	
IS THERE A LIFE ESTATE ON THIS PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No IS THERE A TRUST ON THIS PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No WAS THE PROPERTY WILLED TO YOU? <input type="checkbox"/> Yes <input type="checkbox"/> No FOR COOPERATIVES ONLY: IS YOUR UNIT RECEIVING SENIOR CITIZEN RENT INCREASE EXEMPTION (SCRIE) OR DISABILITY RENT INCREASE EXEMPTION (DRIE)? <input type="checkbox"/> Yes <input type="checkbox"/> No IS THE PROPERTY THE PRIMARY RESIDENCE FOR ALL DISABLED OWNERS AND THEIR SPOUSES? (ALL OWNERS MUST RESIDE ON THE PROPERTY UNLESS THEY ARE LEGALLY SEPARATED, DIVORCED, ABANDONED OR RECEIVING MEDICAL CARE IN A HEALTH CARE FACILITY) <input type="checkbox"/> Yes <input type="checkbox"/> No IF THE DISABLED OWNER IS RECEIVING MEDICAL CARE IN A HEALTH CARE FACILITY, DO YOU RESIDE ON THE PROPERTY ALONE? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**2. OWNER(S) INFORMATION**

- For proof of disability submit a copy of one of the following:  
Disability award letter from Social Security Administration, OR Award Letter from the Railroad Board or U.S. Postal Service, OR Certificate from the State Commission for the Blind or Visually Handicapped, OR Veterans Administration Letter stating the applicant is entitled to Veterans Disability pension.
- For a life estate, provide owner info for life estate holder and spouse.
- For a trust, provide owner info for beneficiary/trustee and submit copy of entire Trust Agreement.
- If an owner is deceased, do not include info. Submit copy of death certificate.
- If the property was willed to an owner, please submit copy of last will and testament, probate or court order.
- For divorced, legally separated, or abandoned owners, do not include info for absent owner. Submit copy of court documents.
- For owner receiving medical care in a health care facility, submit documentation from health care facility.

# Disabled Homeowners' Exemption (DHE) INITIAL APPLICATION — 2019/2020

## 2. OWNER(S) INFORMATION (CONTINUED)

### Owner 1:

NAME (FIRST, LAST)	
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY / ITIN NUMBER
TELEPHONE NUMBER ( ) -	CELL PHONE NUMBER ( ) -
EMAIL ADDRESS	IS THIS THE PRIMARY RESIDENCE OF OWNER 1? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Owner 2:

NAME (FIRST, LAST)	
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY / ITIN NUMBER
TELEPHONE NUMBER ( ) -	CELL PHONE NUMBER ( ) -
EMAIL ADDRESS	IS THIS THE PRIMARY RESIDENCE OF OWNER 2? <input type="checkbox"/> Yes <input type="checkbox"/> No

ARE OWNERS 1 AND 2 MARRIED TO EACH OTHER? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE OWNERS 1 AND 2 SIBLINGS (BROTHERS / SISTERS?) <input type="checkbox"/> Yes <input type="checkbox"/> No
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### Owner 3:

NAME (FIRST, LAST)	
DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY / ITIN NUMBER
TELEPHONE NUMBER ( ) -	CELL PHONE NUMBER ( ) -
EMAIL ADDRESS	IS THIS THE PRIMARY RESIDENCE OF OWNER 3? <input type="checkbox"/> Yes <input type="checkbox"/> No

RELATIONSHIP TO OWNERS 1 AND 2
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### Owner Representative Contact Information:

If a relative or appointed guardian is responsible for handling the owner's affairs related to this application, please provide documentation.

NAME (FIRST, LAST)	
TELEPHONE NUMBER ( ) -	CELL PHONE NUMBER ( ) -
EMAIL ADDRESS	
RELATIONSHIP TO OWNERS	

The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for applicants and income-earning occupants is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Such numbers disclosed on any reports or returns are requested for tax administration purposes and will be used to facilitate the processing of reports and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance. Such numbers may also be disclosed as part of information contained in the taxpayer's return to another department, person, agency or entity as may be required by law, or if the applicant or income-earning occupants give written authorization to the Department of Finance.

# Disabled Homeowners' Exemption (DHE) INITIAL APPLICATION — 2019/2020

## 3. TOTAL COMBINED INCOME INFORMATION

**TOTAL COMBINED INCOME (TCI), SEE SECTION 3 OF THE INSTRUCTIONS TO DETERMINE WHAT INCOME TO INCLUDE FOR THE TCI. SUBTRACT ANY UNREIMBURSED MEDICAL AND PRESCRIPTION DRUG EXPENSES.**

Enter your Total Combined Income for 2018, for all owners and spouses, regardless of where they live and whether or not their names appear on the deed. \$ \_\_\_\_\_

The income of a spouse may be excluded if absent from the residence due to divorce, legal separation or abandonment. Submit court documents.

**Note:** If 2018 income is not available, you can use income for 2017.

**You MUST provide the following documents to apply for the Disabled Homeowners' Exemption.**

**The Department of Finance must verify your income to grant you the Disabled Homeowners' Exemption. Please take the following steps to verify your income:**

- Do not check this box if you did not file personal tax returns in 2018 or 2017. Check this box to authorize the Department of Finance to use your most recent income tax return information from the IRS and the New York State Department of Taxation and Finance to process your application. If you check this box, you do not need to submit any additional income documentation at this time. **OR**
- Submit a copy of your state and federal personal income tax returns for the most recent year for which you filed (2017 or 2018). Submit copies for all owners and their spouses, regardless of where they reside or whether or not their names appear on the deed **OR**
  - If you did not file a 2018 or 2017 federal income tax return, you must submit other documents verifying your income for 2018 or 2017 (whichever is the most recent year for which you have complete information), such as: state income tax returns; Social Security 1099 forms; other 1099 forms; pension, annuity, alimony, unemployment, and workers' compensation statements; rental income from tenants; etc.

### Allowable Deductions, if applicable:

- Copies of paid unreimbursed medical or prescription expenses for 2018. If 2018 is not available, you can use 2017. DO NOT submit copies of unpaid bills. If you filed the 1040 Federal Tax Return and completed a schedule A, we can use the information on the schedule for paid unreimbursed medical or prescription expenses. You do not have to send in the receipts.
- Proof of unreimbursed medical and prescription expenses must be for the same tax year as the income documentation submitted.

## 4. ADDITIONAL PROPERTIES OWNED (IF ANY)

Do any owners own additional properties? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, HOW MANY TOTAL PROPERTIES DO ALL THE OWNERS HAVE?
IF NO, PROCEED TO THE CERTIFICATION SECTION ON PAGE 4.	

Complete the following for each additional property. If the property is in NYC, please provide the Borough/Block/Lot Number.

### Additional property 1:

BOROUGH	BLOCK	LOT	OR	PARCEL ID
OWNER(S) NAME				
STREET ADDRESS				APT
CITY		STATE	ZIP	
EXEMPTIONS RECEIVED				
<input type="checkbox"/> Basic STAR/Enhanced STAR	<input type="checkbox"/> Senior	<input type="checkbox"/> Disabled	<input type="checkbox"/> Veterans	<input type="checkbox"/> Other: _____
An owner and their spouse cannot have exemptions on more than one property, unless the spouse or former spouse is absent due to divorce, legal separation or abandonment. <i>In one of those cases, please submit a copy of court documents.</i>				

**4. ADDITIONAL PROPERTIES OWNED (IF ANY) (CONTINUED)**

**Additional property 2:**

BOROUGH	BLOCK	LOT	OR	PARCEL ID
OWNER(S) NAME				
STREET ADDRESS				APT
CITY		STATE	ZIP	
EXEMPTIONS RECEIVED				
<input type="checkbox"/> Basic STAR/Enhanced STAR <input type="checkbox"/> Senior <input type="checkbox"/> Disabled <input type="checkbox"/> Veterans <input type="checkbox"/> Other: _____				
An owner and their spouse cannot have exemptions on more than one property, unless the spouse or former spouse is absent due to divorce, legal separation or abandonment. <i>In one of those cases, please submit a copy of court documents.</i>				

**5. CERTIFICATION**

Please read carefully and sign the certification below. Your application is not complete if you do not sign.

I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit and should the Department of Finance determine that I made false statements, I may lose my future exemptions and be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.

**All owners must sign and date this application, regardless of where they reside.**

PRINT NAME OF OWNER 1	SIGNATURE OF OWNER 1	DATE OF APPLICATION
PRINT NAME OF OWNER 2	SIGNATURE OF OWNER 2	DATE OF APPLICATION
PRINT NAME OF OWNER 3	SIGNATURE OF OWNER 3	DATE OF APPLICATION

**Did you remember to...**

- Check over the application to make sure all questions have been answered?
- Include copies of all required documentation?
- Sign and date the application?
- Keep a copy of the completed application for your records?

**Mail your completed application and all required documentation by March 15, 2019, to:**

New York City Department of Finance  
 P.O. Box 311  
 Maplewood, NJ 07040-0311

You will receive an acknowledgment when your application is received.

For assistance, visit [nyc.gov/contactpropexemptions](http://nyc.gov/contactpropexemptions) or call **311**.