

**Who can apply:** Basic STAR recipients who are eligible for Enhanced STAR. You may be eligible for E-STAR if all owners of the property are 65 or over by December 31 of the year in which you are applying. (If the owners are spouses or siblings, only one must be 65 or over.) **Your total combined income cannot exceed \$90,550.**

If you did not own this property and receive STAR in tax year 2015-16, you cannot apply for E-STAR with the Department of Finance. You can register for the state tax credit at [www.tax.ny.gov/star](http://www.tax.ny.gov/star) or by calling (518) 457-2036.

**How to apply:** Mail your completed application to:  
NYC Department of Finance, PO Box 311, Maplewood, NJ 07040-0311

**Deadline:** March 15. (If the deadline falls on a weekend or a holiday, the deadline will be the next business day.)

### Section 1: Contact Information

| Name | Phone # | Email |
|------|---------|-------|
|      |         |       |

### Section 2: Owner Information

List every owner or life tenant and their spouses or registered domestic partners who live at the property.

| Name | Social Security # | Date of Birth | Is this property the person's primary residence? |                             |
|------|-------------------|---------------|--|-----------------------------|
|      | — —               |               | <input type="checkbox"/> Yes                     | <input type="checkbox"/> No |
|      | — —               |               | <input type="checkbox"/> Yes                     | <input type="checkbox"/> No |
|      | — —               |               | <input type="checkbox"/> Yes                     | <input type="checkbox"/> No |
|      | — —               |               | <input type="checkbox"/> Yes                     | <input type="checkbox"/> No |

If any of the owners are spouses or siblings, please list their names below.

|        |   |
|--------|---|
| Names: | Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Siblings |
|--------|---|

Please list the names of any owners added to the deed in the past 12 months.

Names:

### Section 3: Property Information

|             |                     |               |               |
|-------------|---------------------|---------------|---------------|
| Address:    |                     | Apt #:        |               |
| City:       | State: NY           | ZIP:          |               |
| Borough:    | Block:              | Lot:          |               |
| Co-ops Only | Management Company: | Contact Name: | Phone Number: |

## Section 4: Income Information and Documentation

**You must document your income by providing the information requested below.**

Estimate the total combined annual income of all owners and resident spouses from calendar year 2019. You can use data from your federal or state tax return, or add the income from the sources described below.

\$ \_\_\_\_\_

Please submit the following documents for every owner and all resident spouses or registered domestic partners. (Spouse and partner income information must be provided regardless of whether the spouse or partner appears on the deed. The income of a spouse may be excluded if the spouse is not an owner of the property and does not reside there.)

- Your 2019 federal or state income tax return. (If you received a 1099R with an IRA distribution, send that as well.)
- For any owners, spouses, or registered domestic partners who did not file a tax return, please provide documentation of all income earned in calendar year 2019: W2s, 1099s, Social Security statements, etc.
- In addition, if the property is owned by a trust, please submit a copy of the trust agreement.

If you are approved for E-STAR, the New York State Department of Taxation and Finance will use the Social Security numbers you provide on this form\* to automatically verify your income eligibility in subsequent years.

**Enrollment in automatic income verification is mandatory; by submitting this application, you grant your permission for the New York State Department of Taxation and Finance to verify your income automatically in future years.**

## Section 5: Certification

**Every owner who lives at the property must sign for your application to be processed.**

Please retain a copy of this application for your records.

I certify that all of the information provided in this application is true and correct to the best of my knowledge.

I certify that I am not receiving the STAR exemption at any other properties I own.

I grant permission to the New York State Department of Taxation and Finance to verify my income automatically in future years.

I understand that this information is subject to audit and that if the Department of Finance determines that I have made false statements, I may lose my future benefits and be responsible for all applicable charges and penalties. I understand that I am required to notify the Department of Finance of any changes that might affect my eligibility for this benefit.

**Signature:**

**Date:**

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

\*You must provide your Social Security number, ITIN, or EIN to apply for this property tax exemption. We are asking for this information to make sure that our records are accurate, and that you have submitted accurate information. Our right to require this information is described in Section 11-102.1 of the Administrative Code.