



NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR VOLUNTEER FIREFIGHTERS /
AMBULANCE WORKERS EXEMPTION
(For Use in Westchester County Only)

APPLICATION MUST BE FILED WITH YOUR ASSESSOR OR OTHER DESIGNATED
LOCAL OFFICIAL ON OR BEFORE TAXABLE STATUS DATE
Do not file application with the Office of Real Property Tax Services

1. Name and telephone no. of owner(s) _____

 Day No. () _____
 Evening No. () _____
 E-mail address (optional) _____
2. Mailing address of owner(s) _____

3. Location of property in Westchester County:
 Street address _____
 City/Town _____ Village (if any) _____
 School District _____
 Property identification (see tax bill or assessment roll)
 Tax map number or section/block/lot: _____
4. Name of incorporated volunteer fire company, fire department or incorporated volunteer ambulance service:

5. Relationship to incorporated volunteer fire company, fire department or incorporated volunteer ambulance service indicated in question 4 (see instructions):
 - a. certified by company, department or service as enrolled member for at least five years;
 - b. permanently disabled due to exercise of volunteer firefighter or ambulance worker duties;
 - c. certified by company, department or service as having accrued at least 20 years of active service;
 - d. un-remarried spouse of deceased enrolled member who received exemption under 5(a) or 5(c) and who was killed in the line of duty; or
 - e. un-remarried spouse of deceased member who received exemption under 5(c).
6. Does the applicant reside in the city, town, or village served by the incorporated volunteer fire company, fire department or incorporated volunteer ambulance service indicated in question 4? yes no
7. Is the property the primary residence of the applicant? yes no
8. Does the applicant or do the applicant and his/her spouse own the property? yes no (attach proof of ownership.)
9. Is any portion of the property used for other than residential purposes (farming, commercial, vacant land, professional office, etc.)? yes no
 If yes, explain such use and describe the portion that is so used. _____

10. Did the applicant previously receive a village tax exemption for service as a volunteer firefighter pursuant to section 466 of the Real Property Tax Law? yes no
 If yes, indicate name of village and last year in which exemption was granted. _____

I certify that all statements made on this application are true and correct.
Signature of applicant (and spouse, if spouse also owns property)

_____/_____/_____(_____)
date

**INSTRUCTIONS FOR APPLICATION FOR VOLUNTEER FIREFIGHTERS /
AMBULANCE WORKERS EXEMPTION IN WESTCHESTER COUNTY**

Authorization for exemption: Section 466-d of the Real Property Tax Law authorizes the governing body of a county, city, town, village, or school district in a county having a population of between 900,000 and 950,000 according to the latest federal decennial census (only Westchester County currently satisfies this standard) to partially exempt the residence of a volunteer firefighter or volunteer ambulance worker. The firefighters exemption does not apply if the area served by the company encompasses an area served by five or more professional firefighters. The ambulance workers exemption does not apply if the area served by the company encompasses an area served by five or more professional ambulance workers.

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. Any volunteer firefighter or volunteer ambulance worker who is permanently disabled due to the exercise of his or her duties and is prevented from being certified as an active service member is entitled to such certification during the period of such disability. At local option of the county, city, 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 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 accrued at least 20 years of 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 city, town or village served by the fire company, fire department or ambulance service. The exemption is available only to the primary residence of the applicant and only to property (or the portion thereof) exclusively used for residential purposes.

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 (or other official as designated by the municipality) on or before taxable status date. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. Taxable status dates in cities is governed by city charter. 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 disabled status, if applicable, or status as un-remarried spouse of enrolled member killed in the line of duty or who served 20 years shall be as required by the county, city, 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 Disapproved

4. Amount of exemption:

County City/Town Village School District

Assessor’s signature

Date