



NYS DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

RP-421-h (1/04 rev.)

APPLICATION FOR REAL PROPERTY TAX EXEMPTION FOR CAPITAL IMPROVEMENTS TO MULTIPLE DWELLING BUILDINGS WITHIN CERTAIN CITIES (Real Property Tax Law, Section 421-h)

(Instructions for completing this form are contained in Form RP-421-h-Ins (1/04(rev.)) [Lockport/Peekskill]

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

2. Mailing address of owner(s)

\_\_\_\_\_

\_\_\_\_\_

Day No. ( ) \_\_\_\_\_

\_\_\_\_\_

Evening No. ( ) \_\_\_\_\_

\_\_\_\_\_

E-mail address (optional) \_\_\_\_\_

3. Location of property (see instructions)

\_\_\_\_\_

Street Address

City of Lockport

City of Peekskill

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot \_\_\_\_\_

\_\_\_\_\_

- 4. a. Date title to multiple dwelling was acquired by owner
b. Date owner occupied property
c. Property for which exemption is sought has been converted from a multiple dwelling back to an owner-occupied one-family/two-family residence.
5. a. Square footage of residence without improvement
b. Square footage of residence with improvement
c. As measured by square footage in question 5b, is more than one-half of the residence at least five years old?
6. a. Date of commencement of construction of improvement converting multiple dwelling to one-or two-family residence
b. Date completed
7. Describe the improvement for which exemption is sought
8. Cost of improvement: \$ (supply documentation)

**Certification**

I, \_\_\_\_\_, hereby certify that the information on this application and any accompanying papers constitute a true statement of fact.

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Date**

-----**FOR ASSESSOR'S USE**-----

- 1. Date application filed: \_\_\_\_\_
- 2. Applicable taxable status date: \_\_\_\_\_
- 3. Action on application: \_\_\_\_\_Approved \_\_\_\_\_Disapproved (Reason):  
\_\_\_\_\_
- 4. Assessed valuation of parcel including improvement: \$\_\_\_\_\_
- 5. Assessed valuation of parcel excluding improvement: \$\_\_\_\_\_
- 6. Assessed valuation of improvement eligible for exemption: \$\_\_\_\_\_\*

(4. minus 5.)

\*This figure is the "exemption base" and must be recalculated in any year in which there is a change in level of assessment of 15 percent.

	<b>Percent Amount</b>	<b>Dollar Amount</b>
City	_____%	\$_____

\_\_\_\_\_  
**Assessor's signature**

\_\_\_\_\_  
**Date**