

David Van Luven
Town Supervisor

Laurie Lambertsen
Assessor

TOWN OF BETHLEHEM

Albany County - New York

ASSESSOR'S OFFICE

445 DELAWARE AVENUE
DELMAR, NEW YORK 12054

(518) 439-4955 x1101

Email: llambert@townofbethlehem.org



June 11, 2020

Maggie Alix, Director
Albany County Real Property Services
112 State Street, Room 1340
Albany, NY 12207

Re: Angelique Ochs
12 Knights Way
63.16-1-67

Dear Maggie:

Enclosed please find two (2) copies of form RP 556 and one (1) copy of the Town of Bethlehem tax bill and one (1) of the Guilderland CSD tax bill for the year 2019. Due to a clerical error, the Disabled Veterans Exemption for the above referenced property was calculated at the wrong rating. In addition, the Basic STAR exemption was removed. The correct amounts are as follows:

Town Tax Bill

Tax Year	Tax Amt of Current Bill	Tax Amt of Adjusted Bill	Overage Amt
2020	\$2,760.84	\$2,136.51	\$624.33

School Tax Bill

Tax Year	Tax Amt of Current Bill	Tax Amt of Adjusted Bill	Overage Amt
2019	\$5,286.79	\$4,367.23	\$919.56

These bills have been paid. Should you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,

Laurie Lambertsen
Assessor

LL/dv

Visit the Town of Bethlehem Website at <http://www.townofbethlehem.org>



Department of Taxation and Finance
Office of Real Property Tax Services

Application for Refund or Credit of Real Property Taxes

RP-556
(12/19)

Part 1 – General information: To be completed in duplicate by the applicant.

Names of owners Angelique Ochs					
Mailing address of owners (number and street or PO box) 12 Knights Way			Location of property (street address) 12 Knights Way		
City, village, or post office Albany	State NY	ZIP code 12203	City, town, or village Albany	State NY	ZIP code 12203
Daytime contact number	Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 63.16-1-67		
Account number (as appears on tax bill) 8890	Amount of taxes paid or payable \$2760.84		Date of payment 01/11/2020		
Reasons for requesting a refund or credit: Due to a clerical error, the Disabled Veterans Exemptions for the above referenced property was calculated at the wrong rating.					

I hereby request a refund or credit of real property taxes levied by Town of Bethlehem for the year(s) 2020
(County, city, village, etc.)

Signature of applicant <i>Laurie J Lamberto</i>	Date 6/30/20
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Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.

Date application received 6/30/2020	Date warrant annexed 3/31/2020
Last day for collection of taxes without interest 11/31/2020	Recommendation Approve application* <input type="checkbox"/> Deny application <input type="checkbox"/>
Signature of official <i>M. Alip</i>	Date 7/20/2020

* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-553).

Part 3 – For use by the tax levying body or official designated by resolution _____
(insert number or date, if applicable)

Application approved (Mark an X in the applicable box):

Clerical error Error in essential fact Unlawful Entry

Amount of taxes paid \$2,760.84	Amount of taxes due \$2,136.51	Amount of refund or credit \$624.33
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Application denied (reason):

Signature of chief executive officer or official designated by resolution	Date
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TOWN OF BETHLEHEM

2020 PROPERTY TAX BILL

*For Fiscal Year 01/01/2020 to 12/31/2020

* Warrant Date 12/31/2019

Bill No: 8890

Tax ID: 9112

MAKE CHECKS PAYABLE TO

Receiver of Taxes

PO Box 10698
Albany, NY 12201-2698
Phone: (518) 439-4955 Extension 1181



Ochs Angelique
12 Knights Way
ALBANY NY 12203

TO PAY IN PERSON

Bethlehem Town Hall
Key Bank, at Four Corners
Capital Bank, Slingerlands
National Bank of Coxsackie.
Glenmont

SWIS S/B/L Address & Legal Description

012200 63.16-1-67
Address: 12 KNIGHTS WAY
Muni: BETHLEHEM
School: GUILDERLAND CENTRAL-246
NYS Tax & Finance School District Code:
1 FAMILY RES Roll Sect: 1
Parcel Dimensions: 29.0900 X 239.9200
Bank Code: W1548

Estimated State Aid: CNTY 91,269,848
TOWN 1,895,333

PROPERTY TAXPAYER'S BILL OF RIGHTS

The assessor estimates the **Full Market Value** of this property as of **July 1, 2018** was: 327,895
The Total Assessed Value of this property is: 311,500
The **Uniform Percentage of Value** used to establish assessments in your municipality was: 095.00 %

If you feel your assessment is too high, you have the right to seek a reduction in the future. For further information, please ask your assessor for the booklet, "How to File a Complaint on Your Assessment". Please note that the period for filing complaints on the above assessment has passed.

Exemption	Value	Tax Purpose	Exemption	Value	Tax Purpose	Exemption	Value	Tax Purpose
EX WAR VET	34,200	CNTY/TWN	EX DIS VET	13,375	CNTY/TWN/SCH			

114,000

PROPERTY TAXES

Taxing Purpose	Total Tax Levy	% Change From Prior Year	Taxable Assessed Value or Units	Rates Per \$1000 Or Per Unit	Tax Amount
COUNTY PURPOSES	13,867,308	1.2	261,725	3.70528	605.15 969.88
GENERAL FUND TAX	3,395,963	4.7	261,725	907531	148.20 237.52
HIGHWAY TAX	6,473,817	2.3	261,725	1.730051	280.50 452.80
WATER DISTRICT #1	2,329,788	16.1	311,500	606719	188.99
SEWER EXT 14	208,744	15.3	311,500	330487	102.95
ALBANY COUNTY EMS	1,206,356	13.8	311,500	304886	94.97
DELMAR-BETHLEHEM EMS	157,297	16.3	311,500	039754	12.38
ELMWOOD PARK FIRE DISTRICT	595,136	10.5	311,500	2.251538	701.35

2,136.51

PAYMENT SCHEDULE	Penalty / Int.	Amount	Total Due	TOTAL TAXES DUE:
Pay By: 1/31/2020	.00	2,760.84	2,760.84	52,760.84
3/02/2020	27.61	2,760.84	2,788.45	
3/31/2020	55.23	2,760.84	2,816.07	

Apply For Third Party Notification By: CA CH
Taxes paid by

012200 63.16-1-67		TOWN OF BETHLEHEM		Bill No.:	8890	Tax ID:	9112
Town of:	BETHLEHEM	2020 PROPERTY TAX BILL					
School:	GUILDERLAND CENTRAL-246	Receiver's Stub					
Property Address:	12 KNIGHTS WAY			Bank Code:	W1548		
Ochs Angelique		Pay by:	1/31/2020	.00	2,760.84	2,760.84	
12 Knights Way			3/02/2020	27.61	2,760.84	2,788.45	
ALBANY NY 12203			3/31/2020	55.23	2,760.84	2,816.07	

Total Taxes Due: \$2,760.84

RECEIPTS CAN BE DOWNLOADED FROM WWW.TOWNOFBETHLEHEM.ORG
**RECEIVER STUB MUST BE INCLUDED WITH PAYMENT

0000911200002760847



63.16-1-67 012200 Bethlehem Active R/S:1 School: Guilderland Cer
 Ochs, Angelique Roll Year: 2018 Prior Year 1 Family Res Land AV: 71,900
 12 Knights Way Land Size: 0.30 acres Total AV: 311,500

- Parcel 63.16-1-67
 - History
 - Assessment
 - Exempt(s)
 - Spec Dist(s)
 - Description
 - Owner(s)
 - Images
 - Gis
 - Site (1) Res
 - Land(s)
 - Bldg
 - Imprvmt(s)
 - Valuation
 - Sale03/05/18
 - Site (1) Res
 - Land(s)
 - Bldg
 - Imprvmt(s)
 - Valuation
 - Sale06/03/98
 - Site (1) Res
 - Land(s)
 - Bldg
 - Imprvmt(s)
 - Valuation

Total 5 Exemptions (Right Click to Add)

Exemption Code	Amount	Pct	Init Year	Term Year	Own Pct
41120 VETWAR CTS	36,000	15	1998		
41120 VETWAR CTS	36,000	15	1998		
41140 VETDIS CTS	120,000	100	1998		
41140 VETDIS CTS	15,575	10	1998		

removed in error (with star icon) points to the 41120 VETWAR CTS row.

Code: Term Yr:
 Amount: Init Year:
 Percent: Dwn Pct:

Should have been removed (with arrow pointing to the 41120 VETWAR CTS row in the table above)

Misc: Res Pct:
 Eq Rate:
 Spec Rate:

Exemption Amounts:

County	36,000
Muni	36,000
School	12,000

Taxable Values:

County	11
Muni	11
School	21
Schl after STAR	21

Corrected.



63.16-1-67 012200 Bethlehem Active R/S:1 School Guilderland Ce
 Ochs Angelique Roll Year: 2020 Cur Yr 1 Family Res Land AV: 71,900
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 - Site (1) Res
 - Land(s)
 - Bldg
 - Imprvmt(s)
 - Valuation

Total 3 Exemptions (Right Click to Add)

Exemption Code	Amount	Pct	Init Year	Term Year	Own Pct
41120 VETWAR CTS	34,200	15	1998		
41140 VETDIS CTS	114,000	100	1998		
41854 BAS STAR	28,500		1998		

Calc Sr. Exempts...

Code: **41854 BAS STAR** Term Yr:

Amount: **28,500** Init Year: **1998**

Percent: Dwn Pct:

Misc:
 Res Pct:
 Eq Rate:
 Spec Rate:

Exemption Amounts:

County:	
Muni:	
School:	28,500

Taxable Values:

County:	1163,300	11
Muni:	143,300	11
School:	262,100	21
Schl after STAR:		2:



APPLICATION FOR ALTERNATIVE VETERANS EXEMPTION FROM REAL PROPERTY TAXATION

70% combat
100% dis.
C

(General information and instructions for completing this form are contained in Form RP-458-a-Ins)

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

2. Mailing address of owner(s)
12 KNIGHTS WAY

Day No. (518) 435-9698

ALBANY, NY 12203

Evening No. ()

3. Location of property (see instructions)

Street address

Village (if any)

City/Town

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot

4. Is the owner a veteran who served in the active military, naval or air service of the United States? Yes No
If No, indicate the relationship of the owner to veteran who rendered such service: _____
If Yes, is the veteran also the unremarried surviving spouse of a veteran? Yes No

5. Indicate branch of veteran's service and dates of active service: USAR 11-24-91 TO MAY-21-92 ob
(Attach written evidence)

6. Was the veteran discharged or released from the active service under honorable conditions? Yes No
(Attach written evidence)

7. Did the veteran serve in a combat zone or combat theater? Yes No
If Yes, where did the veteran serve and when was such service performed? _____
(Attach written evidence)

8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veterans' Administration or from the United States Department of Defense as a result of a service connected disability? Yes No
If Yes, what is (was) the veteran's compensation rating? 100% (Attach written evidence showing the date such rate was established)

Is this rating permanent? Yes No

If No, did the veteran die in service of a service connected disability? Yes No (Attach written evidence)

9. Is this property the primary residence of the veteran or unremarried spouse of the veteran? Yes No
If No, is the veteran or unremarried surviving spouse of the veteran the owner of the property and absent from the property due to medical reasons or institutionalization? Yes No Explain: _____

10. Is the property used exclusively for residential purposes? Yes No

If No, describe the non-residential use of this property and state what portion is so used. _____

11. Date title to this property was acquired: JUNE 4TH 1998 (attach copy of deed)

12. Has the owner(s) ever received or is the owner(s) now receiving a veterans exemption based on eligible funds on property in New York State? Yes No

If yes, the amount of eligible funds used in the purchase was \$ _____

The location of the property was or is: _____ (same as in question 3) or

Street address: _____

Village of _____ City/Town of _____ School District _____

I (we) hereby certify that all statements made on this application are true and correct to the best of my (our) knowledge and belief and I (we) understand that any willful false statement made herein will subject me (us) to the penalties prescribed therefor in the Penal Law.

ALL OWNERS MUST SIGN APPLICATION

[Signature] _____ 6.10.98
Signature of owner(s) Date

Signature of owner(s) Date

SPACE BELOW FOR ASSESSOR'S USE ONLY

Alternative veterans exemption (RP-458-a)	Assessment	Period of war active service or expeditionary medal recipient (15% or ceiling Max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Combat zone service (including expeditionary medal) (10% or ceiling Max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Service connected disability rating (x50% or ceiling Max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Total
Village of					
Town/City of					
County of					

Assessor's signature

Date



DEPARTMENT OF VETERANS AFFAIRS

New York Regional Office
245 West Houston Street
New York NY 10014

FEB 11 1998

In Reply Refer To:

ANGELIQUE OCHS
OAKBROOK MANOR 17K
RAVENA NY 12143

Dear Mrs. Ochs:

We made a decision on your compensation claim.

What We Decided

We found the following disabilities are service connected. Here are the conditions and percentages of disability.

1. We found your chondromalacia patella left knee 0% disabling.
2. We found your loss of use of use o both upper extremities due to multiple sclerosis involvement 100% disabling.
3. We found your loss of us of both lower extemities due to multiple sclerosis involvement 100% disabling.
4. We found your impairment of rectal sphincter control due to multiple sclerosis involvement 60% disabling.
5. We found your impairment of urinary spincter control due to multiple sclerosis involvement 60% disabling.
6. We found your optic neuritis due to multiple sclerosis involvement 60% disabling.
7. Entitlement to specially adapted housing is established.
8. Entitlement to automobile and adaptive equipment or for adaptive equipment only is established.

The percentages of your individual disabilities may not add up to your overall evaluation. We use a "combined rating table" to decide how disabled you are. The percentages in this table are set by regulation. Your overall or *combined* evaluation is 100%.