



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 Henrietta Hines			
Mailing address of owners (number and street or PO box) 419 Livingston Ave		Location of property (street address) 419 Livingston	
City, village, or post office Albany	State NY	ZIP code 12206	City, town, or village Albany
Daytime contact number		Evening contact number	Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 65.10-2-5
Account number (as appears on tax bill)	Amount of taxes paid or payable 980.77		Date of payment 01-31-2020
Reasons for requesting a refund or credit: Please see attached			

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

Signature of applicant 	Date 4/6/18/20
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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 6/8/2020	Date warrant annexed
Last day for collection of taxes without interest 1/31/2020	Recommendation Approve application* <input checked="" type="checkbox"/> Deny application <input type="checkbox"/>
Signature of official 	Date 6/22/2020

* 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 \$980.77	Amount of taxes due \$490.39	Amount of refund or credit \$490.38
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Application denied (reason): _____ _____
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Signature of chief executive officer or official designated by resolution	Date
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CITY OF ALBANY
DEPARTMENT OF ASSESSMENT
24 EAGLE STREET-ROOM 302
ALBANY, NEW YORK 12207
TELEPHONE (518) 434-5155

KATHY SHEEHAN
MAYOR

TREY KINGSTON
CITY ASSESSOR

June 8, 2020

Re: Correction/Refund of Taxes for 419 Livingston

Property owner,

Henrietta Hines is the owner of 419 Livingston Avenue in Albany New York and has received the Aged exemption for many years. In 2019, Ms. Hines submitted the renewal application along with bank statements showing the amount of Social Security (which is Ms. Hines only source of income) received monthly in 2018. While we prefer to receive official Social Security documents when an applicant does not file taxes, the City will accommodate if no other records can be located and accept bank statements showing the amount received from Social Security.

Ms. Hines taxes are paid from an escrow account so she was not aware that her exemption was not applied until last week when her bank notified her that her account was low, due to her not receiving the Aged exemption.

Ms. Hines application postmarked February 2 and received February 4, 2019 but failed to appear on the assessment roll due to a clerical error in the Department of Assessment. We ask to have the exemption retroactively granted and therefore refunds be paid in the amount of excess taxes paid as a result of the error.

If you have any questions or concerns please contact me at 518-434-5155

Sincerely,
Trey Kingston, Assessor
City of Albany



CITY OF ALBANY - 2020 PROPERTY TAXES

FISCAL YEAR: 1/1/2020 to 12/31/2020	WARRANT: 12/31/2019	ESTIMATED COUNTY STATE AID: \$91,269,848
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MAKE CHECKS PAYABLE TO:
CITY OF ALBANY

TO PAY IN PERSON:

City Hall Room 110
24 Eagle Street
Albany, NY 12207
(518) 434-5035

PROPERTY INFORMATION:

ACCOUNT #:

15265

DIMENSION:

28.5 X 100

ROLL:

1

LOCATION:

419 Livingston Ave

SCHOOL:

010100

FULL MARKET VALUE:

70,103

UNIFORM % OF VALUE:

97.00%

TOTAL ASSESSMENT:

68,000

TAXABLE VALUE:

68,000

PROPERTY OWNER:
Hines Henrietta
419 Livingston Ave
Albany, NY 12206

PROPERTY TAX PAYER'S BILL OF RIGHT

41800 Aged 50% \$34,000

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill. The filing date for this assessment has passed.

LEVY DESCRIPTION	TOTAL TAX LEVY	% CHANGE FROM PRIOR YEAR LEVY	TAXABLE VALUE OR UNITS	RATE	TAX AMOUNT
County Tax	17,676,006	1.5%	34,000	68.000	2,312.00
City Tax	58,850,000	0.5%	34,000	10.808400	3,677.49

TOTAL BASE TAXES DUE: \$980.77

\$490.39

PAID

	Date Paid	Amount Paid
Tax Amount	1/31/2020	\$980.77
Interest		\$0.00
Total Paid		\$980.77

TOTAL DUE: \$0.00



Department of Taxation and Finance
Office of Real Property Tax Services

RP-467-Rnw
(9/19)

Renewal Application for Partial Tax Exemption for Real Property of Senior Citizens

To be filed with your local assessor by taxable status date.

Do **not** file this form with the Office of Real Property Tax Services.

This form may only be used to apply for the partial tax exemption for real property of senior citizens. It may **not** be used to apply for the Enhanced STAR exemption, which is a separate exemption.

Name of applicant(s) <u>Denzelita Hines</u>			
Mailing address (number and street or PO box) <u>419 Livingston Ave 12205</u>		Location of property (street address) <u>419 Livingston Ave</u>	
City, village, or post office <u></u>	State <u></u>	City, village, or post office <u></u>	State <u></u>
ZIP code <u></u>		ZIP code <u></u>	
Daytime contact number <u></u>		Evening contact number <u></u>	
Email address (optional) <u></u>		School district <u></u>	

1 Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot 65.10-2-5

2 Since filing your application last year, fully describe in the lines below any changes in:

- a title to the property (due to death, addition or deletion of owner);
- b legal residence or occupancy of the property (e.g. confinement of owner in hospital or nursing home, divorce, legal separation or abandonment by spouse); or
- c use of residence for other than residential purposes (store, office, farm, etc.).
- d Children of owners, tenants or leaseholders living on the premises attending public school grades pre-K-12; if so, give the name and location of the school or schools, and state whether such child or children were brought into the property in whole or in substantial part for the purpose of attending a particular school within the school district.

Mark an X in the box if there has been no change in items a, b, c, and d above ☒

Explanation of changes that have occurred as indicated on line 2 (attach additional sheets if necessary). _____

3 Did the owner or spouse file a federal or New York State income tax return for the preceding year?

If Yes, attach a copy of the return(s) Yes ☐ No ☒

RECEIVED

FEB 2 REC'D

Department Of
Assessment & Taxation
City Of Albany N.Y.

(continued)

- 4 Provide the income of each owner and spouse of each owner for the calendar year immediately preceding the date of application, except for an owner who is absent from the residence due to divorce, legal separation, or abandonment. Attach additional sheets if necessary. See Form RP-467-I, *Instructions for Form RP-467*, for income to be included.

Names of owner(s) and spouse(s)	Source of income	Amount of annual income
Kenneth Dyer	Social Security	12,252

4a Total income of owner(s) and spouse(s) (add all income sources)	4a	12,252
4b Of the income on line 4a, how much, if any, was used to pay for an owner's care in a residential health care facility? Attach proof of amount paid; enter 0 if not applicable (see instructions)	4b	
4c Subtract line 4b from line 4a	4c	

5 If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located (contact assessor for information), complete the following:

5a Unreimbursed medical and prescription drug costs (be sure to deduct any amounts reimbursed by insurance)	5a	
5b Subtotal income of owner(s) and spouse(s) (line 4c minus line 5a)	5b	

6 If a deduction for veteran's disability compensation is authorized by any of the municipalities in which the property is located, complete the following:
Veteran's disability compensation received. Attach proof; enter 0 if not applicable

6	
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7 Total income of owner(s) and spouse(s) (line 5b subtotal minus line 6)

7	
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8 Certification

I (we) certify that all statements made on this application are true and correct to the best of my (our) belief. I (we) understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years, and a fine of not more than \$100.

Signature (If more than one owner, all must sign)	Marital status	Phone number	Date
Kenneth Dyer	Single		2-3-19

This Area for Assessor's Use Only

Date renewal application filed _____

Approved ☐ Disapproved ☐

Exemption applies to taxes levied by or for _____

City/Town _____ % ☐ County _____ % ☐School _____ % ☐ Village _____ % ☐

Assessor's signature	Date
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Your **monthly payment amount can change** depending on the types of benefits you receive, as well as any adjustments in your premiums or deductions.

Showing 25 to 26 of 26 entries

Page 3 ▾ of 3

Date	Payment Type	Amount
07/03/2018	Social Security (Disability)	\$1,021.00
06/01/2018	Social Security (Disability)	\$1,021.00

Showing 25 to 26 of 26 entries


Page 3 ▾ of 3

Learn about replacing your Tax Form SSA-1099/SSA-1042S

Payment Method: Direct Deposit

Your monthly payments will be deposited to your account automatically.

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