



Application for Corrected Tax Roll

RP-554
(12/19)

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

Names of owners Thomas Monroe		
Mailing address of owners (number and street or PO box) 33 Upper Flat Rock Rd		Location of property (street address) Same
City, village, or post office Delmar	State NY	ZIP code 12054
Daytime contact number 518-768-8051	Evening contact number 518-768-8051	Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 106.-1-27
Account number (as appears on tax bill)		Amount of taxes currently billed 1,457.59
Reasons for requesting a correction to tax roll: Due to a clerical error the percentage of the AGED exemption was incorrectly calculated. The property owner should have received a 50% exemption and not a 10% exemption. The applicants spouse passed away before taxable status date and her income was incorrectly included in calculating the level of exemption.		

I hereby request a correction of tax levied by County and Town for the year(s) 2020.
(County, city, village, etc.)

Signature of applicant 	Date 01-14-2020
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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 1/15/2020	Period of warrant for collection of taxes 1/1/2020
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 1/29/2020

If approved, the County Director must file a copy of this form with the assessor and board of assessment review of the city/town/village of New Scotland who must consider the attached report and recommendation as equivalent of petitions filed under section 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 currently billed 1,457.59	Corrected tax \$947.10
Date notice of approval mailed to applicant	Date order transmitted to collecting officer

Application denied (reason): _____ _____
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Signature of chief executive officer, or official designated by resolution	Date
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Collection: Town & County 2020

Fiscal Year Start: 1/1/2020

Fiscal Year End: 12/31/2020

Warrant Date: 12/31/2019

Total Tax Due (minus penalties & interest) \$1,457.59

\$1,472.17

Pay Full

Tax Bill #	SWIS	Tax Map #	Status
003500	013489	106.-1-27	Unpaid
Address	Municipality	School	
33 Upper Flat Rock Rd	Town of New Scotland	Bethlehem Central	

Owners

Monroe Thomas B
 Monroe Lucille
 33 Upper Flat Rock Rd
 Delmar, NY 12054

Property Information

Roll Section: 1
 Property Class: 1 Family Res
 Lot Size: 1.00

Assessment Information

Full Market Value: 242283.00
 Total Assessed Value: 222900.00
 Uniform %: 92.00

Exemption	Amount
AGED - C/T 50%	111,450 22290.00
AGED - C/T 50%	111,450 22290.00

Description	Tax Levy	Percent Change	Taxable Value	Rate	Tax Amount
County Purposes	3808070	4.6000	111,450 200610.000	3.84127000	\$720.60 428.11
Town	1463780	4.2000	111,450 200610.000	1.47654200	\$296.21 164.56
Town Outside	307700	4.7000	111,450 200610.000	0.40763400	\$81.78 45.43
Special EMT	80233	14.0000	222900.000	0.08536900	\$19.03
OnesqFire/Amb/LOSAP	375258	2.0000	222900.000	1.30089700	\$289.97

Total Taxes: \$1,457.59

\$947.10

FULL PAYMENT OPTION

From:	To:	Tax Amount	Penalty	Notice Fee	Total Due
Jan 01	Jan 31, 2020	\$1,457.59	\$0.00	\$0.00	\$1,457.59
Feb 01	Feb 29, 2020	\$1,457.59	\$14.58	\$0.00	\$1,472.17
Mar 01	Mar 31, 2020	\$1,457.59	\$29.15	\$0.00	\$1,486.74

Estimated State Aid - Type	Amount
County	91269848.00
Town	267704.00

Mail Payments To:

Diane Deschenes
 Town Clerk
 2029 New Scotland Rd Slingerlands, NY 12159

Alix, Maggie

From: Michael McGuire <MMcGuire@townofnewscotland.com>
Sent: Wednesday, January 22, 2020 3:33 PM
To: Alix, Maggie
Subject: back up for Monroe correction
Attachments: DOC012220.pdf

Maggie,

I have attached a copy of the death certificate of Mrs. Monroe and the income information supplied by the application for the 2019 RY AGED renewal. Mrs. Monroe's income was \$10,535. I should have subtracted the \$10,535 from the total, but I did not.

Mike McGuire
Assessor
Town of New Scotland
518-439-9020

Income does not include:

- gifts
- inheritances
- a return of capital
- proceeds of a reverse mortgage (although interest or dividends realized from the investment of such proceeds are income)
- reparation payments to victims of Nazi persecution, or monies earned through employment in the Federal Foster Grandparent Program

Name of Owner(s)	Source of Income	Amount of Income
Thomas B. Monro	Retired SS (pension)	10,535.11 (3850)
Louise Monro (DECEASED)	SS & part time job	10,440 6685.21

4a Total income of owner(s)

4a 20,975.32 (10,535.11)

Name of spouse(s) if not owner of property

Source of Income of spouse(s)

Amount of Income of spouse(s)

4b Total income of spouse(s)

4b 33,335.21

4c Total income of owner(s) and spouse(s) (add all income sources)

4c 33,335.21

4d Of the income on line 4c, 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)

4d

4e Subtract line 4d from line 4c

4e 33,335.21

- 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 4e minus line 5a)

5b 33,335.21

- 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

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

7 33,335.21

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

Marital Status

Phone Number

Date

(If more than one owner, all must sign)

Thomas B. Monro

married

(518) 968-8051

12/30/18

Louise deceased

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

2/2/19

CERTIFICATE OF DEATH

(COPY)
STATE FILE NUMBER

RESIDENCE

157
REGISTER NUMBER
20

1. NAME: FIRST Lucille		MIDDLE		LAST Monroe		2. SEX: MALE <input type="checkbox"/> 1 FEMALE <input checked="" type="checkbox"/> 2		3A. DATE OF DEATH: MONTH DAY YEAR 12 18 2018			3B. HOUR: 3:47p.m.	
4A. PLACE OF DEATH: (Check one) HOSPITAL DOA <input type="checkbox"/> ER <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input checked="" type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER (Specify): <input checked="" type="checkbox"/>		4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR		4C. NAME OF FACILITY: (If not facility, give address) 33 Upper Flat Rock Road		4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> New Scotland		4E. COUNTY OF DEATH: Albany				
4F. MEDICAL RECORD NO. None		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>										
5. DATE OF BIRTH: MONTH DAY YEAR		6A. AGE IN YEARS: YEARS ENTER:		6B. IF UNDER 1 YEAR ENTER: months years		6C. IF UNDER 1 DAY ENTER: hours minutes		7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province)			7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:	

(b) unless the owner shall have held an exemption under this section for his previous residence or unless the title of the property shall have been vested in the owner or one of the owners of the property for at least twelve consecutive months prior to the date of making application for exemption, provided, however, that in the event of the death of either a husband or wife in whose name title of the property shall have been vested at the time of death and then becomes vested solely in the survivor by virtue of devise by or descent from the deceased husband or wife, the time of ownership of the property by the deceased husband or wife shall be deemed also a time of ownership by the survivor and such ownership shall be deemed continuous for the purposes of computing such period of twelve consecutive months. In the event of a transfer by either a husband or wife to the other spouse of all or part of the title to the property, the time of ownership of the property by the transferor spouse shall be deemed also a time of ownership by the transferee spouse and such ownership shall be deemed continuous for the purposes of computing such period of twelve consecutive months. Where property of the owner or owners has been acquired to replace property formerly owned by such owner or owners and taken by eminent domain or other involuntary proceeding, except a tax sale, the period of ownership of the former property shall be combined with the period of ownership of the property for which application is made for exemption and such periods of ownership shall be deemed to be consecutive for purposes of this section. Where a residence is sold and replaced with another within one year and both residences are within the state, the period of ownership of both properties shall be deemed consecutive for purposes of the exemption from taxation by a municipality within the state granting such exemption. Where the owner or owners transfer title to property which as of the date of transfer was exempt from taxation under the provisions of this section, the reacquisition of title by such owner or owners within nine months of the date of transfer shall be deemed to satisfy the requirement of this paragraph that the title of the property shall have been vested in the owner or one of the owners for such period of twelve consecutive months. Where, upon or subsequent to the death of an owner or owners, title to property which as of the date of such death was exempt from taxation under such provisions, becomes vested, by virtue of devise or descent from the deceased owner or owners, or by transfer by any other means within nine months after such death, solely in a person or persons who, at the time of such death, maintained such property as a primary residence, the requirement of this paragraph that the title of the property shall have been vested in the owner or one of the owners for such period of twelve consecutive months shall be deemed satisfied;