



Department of Taxation and Finance  
Office of Real Property Tax Services

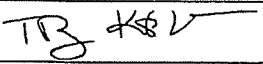
# Application for Corrected Tax Roll

**RP-554**  
(12/19)

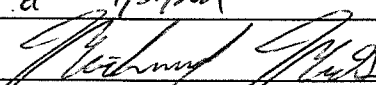
## Part 1 – General information: To be completed in duplicate by the applicant.

Names of owners Arbor Hill Development & Corp			
Mailing address of owners (number and street or PO box) 241 Clinton Ave		Location of property (street address) 169 First St.	
City, village, or post office Albany	State NY	ZIP code 12210	City, town, or village Albany
Daytime contact number 51844777089	Evening contact number		Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) 65.73-5-64
Account number (as appears on tax bill)		Amount of taxes currently billed <del>2,140.80</del> 1,726.45 of \$2,089	
Reasons for requesting a correction to tax roll: Property submitted non profit tax exemption for prior to March 1st, but due to clerical error, exemption was not applied.			

I hereby request a correction of tax levied by City of Albany & City of Albany School District for the year(s) 2020.  
(County, city, village, etc.)

Signature of applicant 	Date 05-19-2021
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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 7/15/2021	Period of warrant for collection of taxes 9/1/2020 to 1/1/2021
Last day for collection of taxes without interest 9/3/2020 to 1/31/2021	Recommendation Approve application <input checked="" type="checkbox"/> Deny application <input type="checkbox"/>
Signature of official 	Date 7/15/2021

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 City of Albany 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 1,726.45 of 2,089	Corrected tax 
Date notice of approval mailed to applicant	Date order transmitted to collecting officer

Application denied (reason): \_\_\_\_\_

Signature of chief executive officer, or official designated by resolution

Date



**CITY OF ALBANY**  
**DEPARTMENT OF LAW**  
24 EAGLE STREET  
ALBANY, NEW YORK 12207  
TELEPHONE (518) 434-5050  
[WWW.ALBANYNY.GOV](http://WWW.ALBANYNY.GOV)

**KATHY SHEEHAN**  
MAYOR

**TREY KINGSTON**  
ASSESSOR

RP-554: 169 First Street

The RP-554 previously was submitted in regards to 169 First Street dated May 19, 2021.

The property is currently owned by the Arbor Hill Development Corporation and had applied for a Not-for profit exemption.

The application submitted is attached to the RP-554 and demonstrates that the exemption was filed in a timely manner but the exemption was not entered in RPS and therefore accidentally generated tax bills.

A handwritten signature in black ink, appearing to read "Trey Kingston", with a stylized flourish at the end.

Trey Kingston



## 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	
		BANK	BILL 206488	TAX MAP NUMBER 65.73-5-64	
<b>MAKE CHECKS PAYABLE TO:</b> CITY OF ALBANY		<b>TO PAY IN PERSON:</b> City Hall Room 110 24 Eagle Street Albany, NY 12207 (518) 434-5035		<b>PROPERTY INFORMATION:</b> ACCOUNT #: 09877 DIMENSION: 23.02 X 128.31 ROLL: 1 LOCATION: 169 First St SCHOOL: 010100 FULL MARKET VALUE: 123,402 UNIFORM % OF VALUE: 97.00% TOTAL ASSESSMENT: 119,700 TAXABLE VALUE: 119,700	
<b>PROPERTY OWNER:</b> Arbor Hill Development Corp 241 Clinton Ave Albany, NY 12210					
		EXEMPTION	VALUE	FULL VALUE	TAX PURPOSE

**PROPERTY TAX PAYERS BILL OF RIGHT**

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%	119,700	3.614679	432.68
City Tax	58,850,000	0.5%	119,700	10.808400	1,293.77
<b>TOTAL BASE TAXES DUE:</b>					<b><u>\$1,726.45</u></b>
				Date Paid	Amount Paid
					\$0.00
				Tax Amount	Interest
				\$1,726.45	\$241.70
				Total Due	
				\$1,968.15	

**IMPORTANT INFORMATION****Payments:**

- Make check, money order, or bank check payable to **City of Albany**. Please sign and date checks. Please write account or property tax map number on checks.
- Mailing address: **Treasurer, City of Albany, PO Box 1878, Albany, NY 12201**
- Payments may be made in person at: **Albany City Hall Room 110**  
Open week days (except Holidays) 8:30 a.m. – 5:00 p.m.  
Open **January 29, 30, & 31** until 6 p.m.  
Credit card payments by internet only (see below)
- Payment must be for the exact amount due. **No partial payments accepted** unless your bill indicates that you have a senior citizen exemption. If you qualify for the senior exemption, your bill will reflect your payment options.
- Include interest if paying after January 31. Please call our office for the current amount due if past March, 2020.
- Return the **entire bill** to receive a receipt. January receipts will be mailed no later than the middle of February.

**IMPORTANT NOTE: ALL PAYMENTS WILL BE PROCESSED AND IMMEDIATELY DEPOSITED ON THE DATE RECEIVED. PLEASE ENSURE THAT YOU HAVE SUFFICIENT FUNDS ON DEPOSIT AT THE TIME YOU MAKE YOUR PAYMENT.**

**Internet Payments:** You may pay online by check or credit card at [www.albanyny.gov](http://www.albanyny.gov). Click on "How Do I" "Pay" "Property Taxes". Service charges are added (\$0.50 for E-Check, \$0.25 +1.95% of tax payment for credit cards).

**Escrow Accounts:** If you have an escrow account, contact your **mortgage holder** to ensure this bill is paid on time.

**Unpaid Prior Taxes:** If "Prior Taxes Due" is designated on the front of this bill, taxes from one or more prior years were unpaid when this bill was prepared. Payment of past due taxes must be made to the Albany County Department of Finance, 112 State Street, Albany, NY 12207. Please call (518) 447-7082 to find out how much is currently due. Continued failure to pay all taxes on the property will result in foreclosure.

07/20/2021 10:05 | COUNTY OF ALBANY  
cmurray | Real Estate Tax Statement

P 1  
txtaxstm

PARCEL: 06507300050640000000

LOCATION: 169 FIRST ST

OWNER:  
ARBOR HILL DEVELOPMENT  
CORP  
241 CLINTON AVE  
ALBANY NY 12210

STATUS:  
SQUARE FEET 0  
LAND VALUATION 119,700  
BUILDING VALUATION 0  
EXEMPTIONS 0  
  
TAXABLE VALUATION 119,700  
INTEREST PER DIEM 379.82

LEGAL DESCRIPTION:

DEED DATE:

BOOK/PAGE:

INTEREST DATE: 07/20/2021

YEAR	TYPE	BILL	BILLED	PRIN DUE	INT DUE	TOTAL DUE
INST	CHARGE					
2020	RE-1	7539				
1	ALBANY PRO		1,726.45	1,726.45	362.55	2,089.00
5	PERCENT		86.32	86.32	.00	<u>86.32</u>
			1,812.77	1,812.77	362.55	2,175.32
GRAND TOTALS			1,812.77	1,812.77	362.55	2,175.32

PARTIAL PAYMENTS ARE NOT ACCEPTED WITHOUT AN INSTALLMENT AGREEMENT  
IF ANY PARCEL REMAINS SUBJECT TO ONE OR MORE DELINQUENT TAX LIENS,  
THE PAYMENT YOU HAVE MADE WILL NOT POSTPONE THE ENFORCEMENT OF THE  
OUTSTANDING LIEN OR LIENS. CONTINUED FAILURE TO PAY THE ENTIRE  
AMOUNT OWED WILL RESULT IN THE LOSS OF THE PROPERTY(IES).  
PAYMENT MADE TO:

ALBANY COUNTY DIVISION OF FINANCE  
112 STATE ST. ROOM 1340  
ALBANY, NY 12207  
TEL: 447-7082

\$35.00 WILL BE CHARGED FOR ANY RETURNED CHECK  
INTEREST WILL INCREASE ON THE 1ST OF THE MONTH



## ALBANY LAW SCHOOL

89 NEW SCOTLAND AVENUE, ALBANY, NEW YORK 12205-1899  
TEL: 518-445-2018 FAX: 518-434-8612 WWW.ALBANYLAW.EDU/JUSTICECENTER

*The Justice Center*

February 12, 2020

**Via Email**

Albany City Assessor's Office  
24 Eagle Street  
Albany, NY 12207

Re: Arbor Hill Development Corporation

Dear Sir or Madam:

Our office represents Arbor Hill Development Corporation ("Arbor Hill"). Enclosed for filing is paperwork for the renewal of Arbor Hill's property tax exemption for the following properties:

241 Clinton Avenue (65.73-3-16) ✓  
163 First Street (65.73-5-61) ✓  
165 First Street (65.73-5-62) ✓  
167 First Street (65.73-5-63) ✓  
169 First Street (65.73-5-64) ✓  
171 First Street (65.73-5-65) ✓

Please contact David Craft, Staff Attorney, by phone at (518) 445-2305, fax at (518) 434-8612, or email at [dcraf@albanylaw.edu](mailto:dcraf@albanylaw.edu) if you have any questions related to this filing. Thank you for your assistance.

Very truly yours,

*Zana Beck*  
Zana Beck

*Julie Dean*  
Julie Dean

*Andrew Clark*  
Andrew Clark

Law Interns

Community Economic Development Clinic

Enclosures



RP-420-a/b-Rnw-I (9/08)

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

RENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION  
FOR NONPROFIT ORGANIZATIONS

I - ORGANIZATION PURPOSE

(See general information and instructions on back form)

RECEIVED

FEB 12 REC'D

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

- 1a. Name of organization  
Arbor Hill Development Corporation
- d. Name of contact person  
Arlene Way, Executive Director
- b. Mailing address  
241 Clinton Ave  
Albany, NY 12210
- e. Telephone no. of contact person  
Day ( 518 ) 463-9993 Evening ( 518 ) 221-4175
- c. Employer ID no. 14-1628657
- f. E-mail address (optional)  
away@arborhilldc.org

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the purpose(s) of the organization.
- ☐ b. A change has occurred in the organization as a result of action taken by one or more regulatory agencies (such as issuance, restriction, or withdrawal of an operating certificate, permit, charter, or similar authorization).
- ☐ c. A change has occurred in the organization's status with regard to exemption from federal income taxes (such as exempt status has been recognized, denied, or revoked by the Internal Revenue Service, or the Internal Revenue Code classification of exemption has been changed).

☐ **STATEMENT OF CHANGE** - I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

☒ **STATEMENT OF NO CHANGE** - I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Arlene C. Way  
Signature

Executive Director  
Title

2/03/2020  
Date

3. Forms filed with the Internal Revenue Service by the organization since application for property tax exemption was last filed (check all applicable lines):
- ☐ Form 1023 (Application for Recognition of Exemption under Section 501 (c)(3) of the Internal Revenue Code)
- ☐ Form 1024 (Application for Recognition of Exemption under Section 501 (a)).
- ☒ Form 990 (Return of Organization Exempt from Income Tax under Section 501 (c) of the Internal Revenue Code)
- ☐ Schedule A. Form 990 (Organizations Exempt under Section 501(c) (3))
- ☐ Form 990-PF (Return of Private Foundation Exempt from Income Tax)
- ☐ Form 990-AR (Annual Report of Private Foundation)
- ☐ Form 990-T (Exempt Organization Business Income Tax Return)
- ☐ None of these

(Note: Assessor may request a copy of forms filed)

FOR ASSESSOR'S USE

Assessing unit \_\_\_\_\_  
City/Town \_\_\_\_\_  
School District \_\_\_\_\_

County \_\_\_\_\_  
Village \_\_\_\_\_

**EXPLANATION OF CHANGES THAT HAVE OCCURRED**

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

Change No. \_\_\_\_\_ Explanation \_\_\_\_\_

**GENERAL INFORMATION AND FILING REQUIREMENTS****1. Application**

For purposes of exemptions granted pursuant to section 420-b of the Real Property Tax Law, each year following the year in which exemption is granted on the basis of application forms RP-420-b-Org and RP-420-a/b-Use, a renewal application must be filed. One copy of RP-420-a/b-Rnw-I must be filed in each assessing unit; one copy of RP-420-a/b-Rnw-II must be filed in each assessing unit for each separately assessed parcel for which exemption renewal is sought. The assessor may request information in addition to the information contained in the application.

For purposes of exemptions granted pursuant to section 420-a of the Real Property Tax Law, the same forms may be used (except RP-420-a-Org replaces RP-420-b-Org). In the alternative, the owner may submit proof of continued exempt status to the assessor in whatever form is mutually acceptable.

**2. Place of filing application**

Application for exemption from city, town, or village taxes must be filed with the city, town, or village assessor. Application for exemption from county or school district taxes must be filed with the city or town assessor who prepares the assessment roll used in levying county or school taxes. In Nassau County, applications for county, town and school tax purposes should be filed with the Nassau County Board of Assessors. In Tompkins County, application should be filed with the Tompkins County Division of Assessment. Do not file with the Office of Real Property Tax Services.

**3. Time of filing application**

The application must be filed in the assessor's office on or before the appropriate taxable status date. In towns preparing their assessment roll in accordance with the schedule provided by the Real Property Tax Law, the taxable status is March 1. In towns in Nassau County, the taxable status date is January 2. Westchester County towns have either a May 1 or June 1 taxable status date; contact the assessor. In villages and cities, the taxable status dates vary, and the appropriate assessor should be consulted for the correct date.

**SPACE BELOW FOR ASSESSOR'S USE ONLY**

\_\_\_\_\_  
Parcel identification no. (s)

\_\_\_\_\_  
Applicant organization

\_\_\_\_\_  
Employer ID no.

\_\_\_\_\_  
Date application filed

Application ☐ Approved ☐ Disapproved

Assessed Valuation \$ \_\_\_\_\_ Taxable \$ \_\_\_\_\_ Exempt

Documentary evidence presented: \_\_\_\_\_

\_\_\_\_\_  
Assessing unit

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

\_\_\_\_\_  
Date



RP-420-a/b-Rnw-II (9/08)

NYS DEPARTMENT OF TAXATION & FINANCE  
OFFICE OF REAL PROPERTY TAX SERVICESRENEWAL APPLICATION FOR REAL PROPERTY TAX EXEMPTION  
FOR NONPROFIT ORGANIZATIONS

## II – PROPERTY USE

(See general information and instructions on back form)

- 1a. Name of organization  
Arbor Hill Development Corporation
- b. Mailing address  
241 Clinton Avenue  
Albany, NY 12210
- c. Employer ID no. 14-1628657
- d. Name of contact person  
Arlene Way
- e. Telephone no. of contact person  
Day 518 )463-9993 Evening 518 )221-4175
- f. E-mail address (optional)  
away@arborhilldc.org
- g. Property identification (see tax bill or assessment roll) Tax map number or section/block/lot  
65.73-5-64

2. Have any of the following changes occurred since application for this property tax exemption was last filed? If any of the listed changes have occurred, please give a detailed explanation of each change on the back of this form, check the appropriate line below, and complete and sign the statement. If none of the changes has occurred, please check the appropriate line below and complete and sign the statement.

- ☐ a. A change has occurred in the ownership of all or part of the property.
- ☐ b. A change has occurred in the use or uses of the property by the owner.
- ☐ c. A change has occurred in that all or part of the property is now being offered for sale or lease.
- ☐ d. All or part of the property is occupied by an organization other than the owner: the user organization(s) make payments for use of the property, and a change has occurred in (1) the proportion of the property so occupied, (2) the terms of the occupancy, or (3) the payments made by the occupant(s).
- ☐ e. Physical changes in the property (such as construction, alterations, or demolition) have occurred.
- ☐ f. A change has occurred in the nature or schedule of planned construction of buildings or other improvements on an unimproved portion of the property.
- ☐ g. One of the organization's purposes is hospital, and a change has occurred in the amount of space or time that the property is used for the private practice of staff members or others rather than for the direct hospital related activities.

☐ **STATEMENT OF CHANGE**

I hereby certify that all of the changes, as listed above, that have occurred since application for exemption was last filed have been noted and the explanations of such changes are true and correct to the best of my knowledge and belief.

☒ **STATEMENT OF NO CHANGE**

I hereby certify that none of the changes listed above has occurred since application for exemption was last filed to the best of my knowledge and belief.

Arlene C. Way  
Signature

2/03/2020  
Date

Executive Director  
Title

**FOR ASSESSOR'S USE**

Assessing unit \_\_\_\_\_  
City/Town \_\_\_\_\_  
School District \_\_\_\_\_

County \_\_\_\_\_  
Village \_\_\_\_\_

**EXPLANATIONS OF CHANGES THAT HAVE OCCURRED**

(If more space is needed, attach additional sheets. Please give the organization's name, its employer identification number and the parcel number on each attachment)

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**SPACE BELOW FOR ASSESSOR'S USE**

\_\_\_\_\_  
Parcel identification no. (s)

Applicant organization \_\_\_\_\_ Employer ID no. \_\_\_\_\_ Date application filed \_\_\_\_\_

Application ☐ Approved ☐ Disapproved

Assessed Valuation \$ \_\_\_\_\_ Taxable \$ \_\_\_\_\_ Exempt

Documentary evidence presented: \_\_\_\_\_  
\_\_\_\_\_

Assessing unit \_\_\_\_\_ Assessor's signature \_\_\_\_\_ Date \_\_\_\_\_