



FINANCE
NEW • YORK

NEW YORK CITY DEPARTMENT OF FINANCE

THIRD PARTY NOTIFICATION FOR REAL PROPERTY TAXES APPLICATION

**FORM
EA-923**

Dear Taxpayer:

If you are a senior citizen, aged 65 years or older, or if you suffer from a physical or developmental disability, you may designate an adult third party to receive copies of your real estate tax bills and notices of unpaid taxes.

The New York City Department of Finance is pleased to offer the benefits of the third party notification program to eligible taxpayers free of charge by authority of state law. Although you can apply any time during the year, you must allow at least 60 days for the application to be processed. In order to request that duplicate tax bills and statements of unpaid taxes be mailed to third party designees in time for the July 1st real estate tax billing period, eligible property owners must file a completed application by preceeding April 1st.

For more details, please refer to the eligibility requirements and follow the application instructions provided below.

Under state law, senior citizens and disabled homeowners may designate an adult third party to receive copies of real estate tax bills and notices of unpaid taxes. The law's intent is to help these taxpayers avoid losing their homes for nonpayment of taxes.

WHO IS ELIGIBLE?

Owner-occupants of 1-, 2-, or 3-family residential real property who are either:

- (a) at least 65 years of age, or
- (b) disabled by a physical or mental impairment which substantially limits one or more of their major life activities.

WHEN MUST I APPLY?

You can apply any time during the year, but allow 60 days for the application to be processed. However, if you would like a third party to receive a copy of the July 1st Real Estate Tax bill which is often mailed out in June, please make certain to file your application by April 1.

WHOM MAY I CHOOSE AS MY THIRD PARTY?

Any adult who consents to your designation, such as a friend or a relative.

HOW DOES A THIRD PARTY DESIGNEE SHOW CONSENT?

By signing your application form in the appropriate blank.

MUST I APPLY EACH YEAR?

No. Once you apply, the duplicate notices will be sent to your designee unless you advise the Central Registration Unit (25 Elm Place, 3rd Floor, Brooklyn, NY 11201) that the practice should stop.

HOW DO I APPLY?

Complete Form EA-923 (Request for Mailing of Duplicate Tax Bills or Statements of Unpaid Taxes to a Third Party) and mail it to the following address.

New York City Department of Finance
Central Registration Unit
25 Elm Place, 3rd Floor
Brooklyn, NY 11201

ARE THERE FINANCIAL RISKS INVOLVED IN AGREEING TO BE A THIRD PARTY DESIGNEE?

No. Both the law and the form of the duplicate tax bill and notice include a statement advising the third party that he or she is under no legal obligation with respect to the bill or notice.

REQUEST FOR MAILING OF DUPLICATE TAX BILLS OR STATEMENTS OF UNPAID TAXES TO A THIRD PARTY

I request that a duplicate of any tax bill or statement of unpaid taxes with respect to my property as described below be mailed to the person whom I have designated.

In making this request, I understand that neither the tax collecting officer nor any other local government employee has any liability if for any reason the duplicate is not mailed to or not received by my designee.

SECTION 1 - TAXPAYER INFORMATION

The Applicant is (check one):

At least 65 years of age OR Disabled

Taxpayer Name _____

Mailing Address _____

City & State _____ Zip Code _____

Property Identification (as shown on assessment roll) _____

Tax Billing Address (if different than mailing address) _____

Signature _____ Date _____

SECTION 2 - THIRD PARTY DESIGNEE

Third Party Name _____

Mailing Address _____

City & State _____ Zip Code _____

Telephone _____

Signature _____ Date _____

SECTION 3 - PHYSICIAN'S CERTIFICATION OF PHYSICAL OR MENTAL DISABILITY

Taxpayer Name: _____

Office Address: _____

NYS License Number _____ Date of Issue _____

Patient's Name _____

Patient's Address _____

Does patient have a physical or mental impairment which substantially limits one or more major life activities (e.g., walking)? YES NO

I certify that all statements made in this section are true and correct to the best of my knowledge and professional belief.

Signature of Physician _____ Date _____