



MAYOR
ALAN C. BEACH
DEPUTY MAYOR
MICHAEL N. HAWXHURST

TRUSTEES
ROBERT BOCCIO
ANN MARIE REARDON
MICHAEL HABERT

VILLAGE JUSTICE
WILLIAM J. M LAUGHLIN

ASSOCIATE JUSTICE
BRENDAN HUGHES

COURT CLERK
MICHELE ROUSE

INCORPORATED VILLAGE OF LYNBROOK

WWW.LYNBROOKVILLAGE.NET

| | | |
|----------------|--------------|-----------------|
| ADMINISTRATION | 516-599-8300 | F: 516-887-8148 |
| ASSESSING | 516-593-6505 | F: 516-593-8309 |
| BUILDING | 516-599-8828 | F: 516-593-8309 |
| JUSTICE COURT | 516-599-0416 | F: 516-599-0448 |
| LIBRARY | 516-599-8630 | F: 516-596-1312 |
| POLICE | 516-599-3300 | F: 516-596-0199 |
| PUBLIC WORKS | 516-599-8838 | F: 516-596-1001 |
| RECREATION | 516-599-8000 | F: 516-593-8311 |

VILLAGE ADMINISTRATOR
JOHN GIORDANO

ASSESSING
LISA KENNY

VILLAGE ATTORNEY
THOMAS D. ATKINSON ESQ

BUILDING SUPERINTENDENT
BRIAN STANTON

PARK SUPERVISOR
KEITH BONOMO

PUBLIC WORKS SUPERINTENDENT
PHILIP HEALEY

RECREATION SUPERVISOR

July 1, 2025

Dear Homeowner:

The Senior Citizen Tax Exemption is available for your 2026-27 Village tax. In order to qualify for a senior citizen Village tax exemption, your **2024 gross** total household income cannot exceed **\$42,400**.

Enclosed please find a checklist to help you when filling out the application. If you have prescription co-payments, please be sure to include the printout from the pharmacy. **We do not accept medical or dental payments or copayments.**

By law, **our office cannot fill out applications for you.** All applications are to be completed, signed, and returned to our office **no later than December 31, 2025**, with the required documentation attached. **Please have the necessary copies with you. WE WILL NOT MAKE COPIES!!**

If you have any questions, please call 516-593-6505 between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday.

Very truly yours,

Lisa Kenny
Assessor

M:Senior 2026-27 Senior Exemption app letter

INCORPORATED VILLAGE OF LYNBROOK

RENEWAL APPLICATION 2026/27

Application for Partial Tax Exemption for
Real Property of Senior Citizens

Must be filed no later than December 31, 2025

Name _____

Telephone No. _____

Address _____

1. If filed last year, fully describe in the lines below any changes in:
- A. Title to the Property (Due to death, Life Estate, addition or deletion of owner)
 - B. Legal residence or Occupancy of the property (confinement of owner to hospital or nursing home, divorce, legal separation or abandonment by spouse)
 - C. Use of residence other than residential purpose (store, office, etc.)
 - D. Change in status of property (rental, legal 2 family, etc.)

☐ Check here if there has been no change in items A, B, C or D above.

Use the following space to explain any changes that have occurred as indicated in Question 1

2. Did the owner or resident file a Federal or New York State income tax return for the preceding year?
Yes _____ No _____

If NO, you must complete and return **IRS form 4506T** with this application, in order for this department to obtain from the IRS a printout of any income you may have received in the prior year.

3. If an owner is receiving medical care as an in-patient in a residential health care facility, please specify name and location of facility. _____

4. Of the income specified, 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 zero if not applicable). _____

5. The income of each owner and/or spouse for the calendar year immediately preceding the date of the application must be set forth on the following page, except for an owner who is absent from the residence due to divorce, legal separation, or abandonment. Proof of absence must be submitted to this office. Income does not include gifts, inheritances, a return of capital, reparation payments to victims of Nazi persecution, or monies earned through employment in the Federal Foster Grandparent Program.

6. A deduction for **unreimbursed prescription drug expenses** is authorized by the Inc. Village of Lynbrook. If applicable, please insert dollar amount of **prescription co-payments only** \$ _____.
Attach pharmacy print-outs/receipts. **PLEASE DO NOT ATTACH MEDICAL COPAYMENTS.**

To be eligible to receive an exemption within the Incorporated Village of Lynbrook, your total income cannot exceed \$42,200.00.

Please list and include all sources of 2024 income
below (use attached worksheet)

| <u>Name of Owner(s)</u> | <u>Source of Income</u> | <u>Amount of Income</u> |
|------------------------------------|-------------------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| Total 2024 Household Income | | _____ |

Certification:

I certify that all statements made on this application are true and correct to the best of my belief. I 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 \$100.00

| | | | |
|---|-----------------------|------------------|-------------|
| Signature (If more than one owner, all must sign) | Marital Status | Phone No. | Date |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SPACE BELOW FOR ASSESSOR USE ONLY

Date Application Filed: _____

Application Approved: Yes _____

No _____

Exemption Percentage: _____

Assessor's Signature

Date

MUST BE COMPLETED

INCORPORATED VILLAGE OF LYNBROOK

SECTION _____ BLOCK _____ LOT _____

Name of Owner or Owners: _____

Joint income of husband and wife must be declared. Applicant(s) must check all sources of income as listed below for the calendar year preceding date of application and enter amounts (this includes taxable as well as non-taxable income).

All questions must be completed. Failure to disclose all income from all sources will result in rejection of this application. Entire 2024 Federal and State income tax return with schedules MUST be attached to this application.

| SOURCE OF INCOME: | YES | NO | AMOUNT |
|---|-----|----|--------|
| Social Security (Gross Amount) ATTACH COMPLETE COPY OF SSA-1099 | | | |
| Salary / wages attach W-2's; included part-time and self-employment | | | |
| Taxable & non-taxable Interest – attach all 1099 IN & year end statements for non-taxable interest | | | |
| Taxable and Non-taxable Dividends – attach all 1099-DIV & year-end statements for non-taxable dividends | | | |
| Business Income – attach Schedule C, S-Corp tax returns with K-1 and/or partnership return(s) (Net income) | | | |
| IRA Earnings – interest, dividends & capital gains earned; FIND ON IRA END OF YEAR SUMMARY – NOT ON 1099R OR INCOME TAX RETURN – DO NOT INCLUDE YOUR DISTRIBUTION. | | | |
| PENSIONS, ANNUITIES & Retirement Plans – attach 1099R statements; include taxable and non-taxable pensions | | | |
| VA and/or VA Disability Pensions – attach award letter(s). | | | |
| Capital Gains from sale or exchanges – include tax deferred capital gain distributions statements from financial institutions | | | |
| Monthly Rental Income – received on all properties; detail all owned properties | | | |
| Disability/Worker's Compensation Payments/Unemployment Insurance Benefits | | | |
| Money from others used toward maintenance, support or expenses | | | |
| All other sources of income – must specify, e.g. gambling winnings, etc. | | | |
| Alimony and/or child support payments | | | |
| Income from estates or trusts | | | |
| Enter VA Disability Pensions(s) or Surviving Spouse VA Disability Pension | | | |
| TOTAL INCOME | | | |

Print names of all persons living on premises in addition to applicant. Indicate financial arrangements (attach additional if necessary) or write NONE if no other persons living with you.

Name _____ Age _____ Rent/Contribution to Household _____

Name _____ Age _____ Rent/Contribution to Household _____

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RECREATION SUPERVISOR

July 1, 2025

Below is the checklist for your use in filing your Lynbrook Village senior citizen exemption for 2026-27
Please provide the following information:

(ALL COPIES OF SUPPORTING DOCUMENTATION MUST BE MADE PRIOR TO SUBMITTING APPLICATION. WE WILL NOT MAKE COPIES FOR YOU.)

- _____ All pages of 2024 Federal and State Income Tax Returns including schedules;
If you do not file income taxes, you must sign and return form 4506T with this application (in packet) so that we can obtain an income history from the IRS;
- _____ Copies of all 1099's from the year 2024 (wages, W-2, salaries, interest, dividends, annuities, lottery or gambling winnings, etc.);
- _____ Copy of 2024 Social Security Benefits statement – (form SSA-1099). If you do not have your Social Security Statement, please contact Social Security at 1-800-772-1213 to obtain a copy prior to submitting this application;
- _____ Copies of earnings from all tax deferred investment programs in 2024 such as IRA's, Keogh's etc. (does not include distribution – only interest earned); **PLEASE PROVIDE YEAR END SUMMARY STATEMENTS FOR 2024**
- _____ Letter of rent received from tenant (if applicable) stating amount of rent received per month and copies of canceled rent checks; (Gross amount of rent will be calculated as income unless proof of expenses are attached);
- _____ If your home is classified as a multiple dwelling, you must file an affidavit with us stating whether or not you are renting (in packet); Affidavit must be notarized.
- _____ Any senior who has other people residing with them whether related or not must provide this office with copies of their 2024 income tax returns as well as a detailed list of all monies and/or services provided to the senior;
- _____ Any out of pocket prescription costs only (must provide copies from your pharmacy for 2024).

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

| | |
|--|--|
| 1a Name shown on tax return. If a joint return, enter the name shown first. | 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) |
| 2a If a joint return, enter spouse's name shown on tax return. | 2b Second social security number or individual taxpayer identification number if joint tax return |
| 3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) | |
| 4 Previous address shown on the last return filed if different from line 3 (see instructions) | |
| 5 Customer file number (if applicable) (see instructions) | |

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on [Page 2 for additional information.](#)

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.**

Phone number of taxpayer on line 1a or 2a

Sign Here

| | |
|--|------|
| Signature (see instructions) | Date |
| Title (if line 1a above is a corporation, partnership, estate, or trust) | |
| Spouse's signature | Date |

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an

individual return and lived in:

Mail or fax to:

| | |
|--|--|
| Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address | Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 |
| | 855-587-9604 |
| Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming | Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 |
| | 855-800-8105 |
| Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia | Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 |
| | 855-821-0094 |

Chart for all other transcripts

If you lived in

or your business was in:

Mail or fax to:

| | |
|---|--|
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address | Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 |
| | 855-298-1145 |
| Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont | Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 |
| | 855-821-0094 |

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number should not contain an SSN.

Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

INC. VILLAGE OF LYNBROOK
ASSESSMENT DEPARTMENT
1 COLUMBUS DRIVE
LYNBROOK, NY 11563

This document is required for MULTIPLE FAMILY residences only. If unit is currently rented, please complete form below and provide the necessary documentation. MUST BE NOTARIZED!!

Date: _____

Property Owner: _____

Section _____ Block _____ Lot _____

Address: _____

PLEASE BE ADVISED THAT THE ABOVE PREMISES IS A LEGAL MULTIPLE RESIDENCE PROPERTY AND IS PRESENTLY RENTED. NO WRITTEN LEASE OR DOCUMENTATION EXISTS TO VERIFY RENT AMOUNTS COLLECTED. THEREFORE, PLEASE LET THIS SERVE AS AN AFFIDAVIT UNDER PERJURY OF LAW OF THE FOLLOWING INFORMATION:

IT HAS BEEN RENTED SINCE _____

MONTHLY RENTAL AMOUNT \$ _____

(TO BE COMPLETED BY HOMEOWNER)

(TO BE COMPLETED BY TENANT)

Sworn to me before this _____

Sworn to me before this _____

Day of _____

Day of _____

(Notary Public)

(Notary Public)

(Signature of owner)

(Signature of tenant)

(Date)

(Date)

6/30/2025