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DEPUTY MAYOR  
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TRUSTEES  
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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, 2023

Dear Homeowner:

The Village is pleased to inform you that the Senior Citizen Tax Exemption is available for your 2024/25 Village tax. In order to qualify for this exemption, your **2022** total household income cannot exceed \$42,400.

Enclosed please find and complete the 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, 2023**, 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

\* Please note, if you qualify for the basic or enhanced STAR exemption, you are to file with Nassau County Department of Assessment, not the Village of Lynbrook.

**Incorporated Village of Lynbrook**  
**2024-25 Senior Citizen's Property Tax Exemption Application**

(The Village of Lynbrook does not charge a fee to file this application)

Any alteration of this application may result in a denial.

(General information and instructions can be found on the New York State Department of Taxation and Finance website  
@www.tax.ny.gov)

File by 1/2/24 for Tax Year 2024/25

**To be eligible to receive an exemption within the Incorporated Village of Lynbrook, your total income cannot exceed \$42,400.00 for the year 2022.**

Name of owner(s) (as recorded on deed): \_\_\_\_\_

House Number and Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Property Identification:**

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Proof of Ownership:** (Indicate ALL documents that apply and attach with this application. Co-op owners must provide the CERTIFICATE OF SHARES.)

Latest recorded Deed     Probated will(s) of deceased owner     Trust Documents     Other

**NOTE: If any owner appearing on any proof of ownership or the spouse of any owner is deceased, a Death Certificate must be attached to the application.**

**Proof of Age:** (Indicate documents submitted for ALL owners)

Birth Certificate     Driver's License     Passport     Naturalization Papers     Other

**Proof of Residency:**

Do all owners presently reside on the property to be exempted?     Yes     No

a) Is the non-resident owner absent from the residence due to divorce, legal separation or abandonment?

Yes     No

If yes, please explain: \_\_\_\_\_

b) Is an owner receiving medical care as an inpatient in a health care facility?     Yes     No

If yes, Date admitted: \_\_\_\_\_

c) Is the property used exclusively for residential purposes?     Yes     No

If NO, describe the non-residential use and state what portion is so used. \_\_\_\_\_

Gross income of each owner and resident spouse of each owner for the **2022** calendar year must be set forth on the attached **STATEMENT OF INCOME**. You must **ATTACH COPIES** of all documents verifying income, such as 1099 forms, Social Security, interest and retirement statements etc.

Did owner(s) or spouse(s) file a Federal or New York State income tax return for **2022** calendar year?     Yes     No

If no, you must submit an IRS printout of all income statements (available at 1-800-908-9946 or go to [www.irs.gov](http://www.irs.gov) and download Form 4506T to request a free copy of a transcript. Copy of form attached.

If **YES**, you must **ATTACH COPIES** of all Federal & New York State Income tax returns for the **2022** calendar year. **FAILURE TO DISCLOSE ALL INCOME FROM ALL SOURCES WILL RESULT IN REJECTION OF THE APPLICATION.**



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 CO-PAYMENTS OR RECEIPTS.

Except applicants, are there any other adults or children living on the property (including tenants)?  Yes  No

NAME(s) of ALL adults and children (including tenants) living in household (Attach additional sheets if necessary)	AGE	Rent to household per Month

List the address(es) of all additional real estate that you own, either entirely or in part. (Attach additional sheets if necessary).

\_\_\_\_\_

\_\_\_\_\_

**Certification: (All owners must sign)**

I (We) certify that all of the above information made on this application is true and correct and that the property listed above is my (our) legal primary residence. I (We) understand it is my (our) obligation to provide any documentation of eligibility that is requested and to notify the assessor if I (we) relocate to another primary residence. I (We) understand that any willfully false statements of fact will be grounds for disqualification from further exemption for a period of five years and a fine of not more than \$100.00. **ALL OWNERS MUST SIGN APPLICATION**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Marital Status

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Marital Status

\_\_\_\_\_  
Date

(If signed by an Attorney-in-fact, a PHOTOCOPY of the Power of Attorney must be included with this application.)

To qualify for this exemption, seniors must be 65 years of age or older prior to the taxable status date of January 1<sup>st</sup> and meet certain income and residency requirements. In the case of siblings or husband and wife, only one owner must be 65

\_\_\_\_\_ **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 2022 Federal and State income tax return with schedules MUST be attached to this application.**

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

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 \_\_\_\_\_



**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](http://www.irs.gov/form4506t).

**Tip: Get faster service:** Online at [www.irs.gov](http://www.irs.gov), **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

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 end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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
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](http://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.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

**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](http://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](http://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 shows two different addresses, send your request to the address based on the address of your most recent return.

**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 5.** 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 "9999999999" 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.

**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.

## 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:
Florida, Louisiana, Mississippi, 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
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145

## Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, 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
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094



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.



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)

5/30/2023