

**APPLICATION FOR CORRECTION OF PROPERTY TAX ASSESSMENT**

FOR CLAIMS RELATING TO THE VALUATION OF AN EXCLUSIVELY RESIDENTIAL 1, 2 OR 3 FAMILY HOME

**PART A: GENERAL INFORMATION** (Required)

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Condominiums only:  
CA \_\_\_\_\_ Unit \_\_\_\_\_

Adjacent lots used as part of your own property and included in your answers herein \_\_\_\_\_

Property address \_\_\_\_\_

Owner-applicant's name \_\_\_\_\_

Other owners' names \_\_\_\_\_

**PART B: APPLICANT'S ESTIMATE OF FULL MARKET VALUE** (Required)

Tentative assessment: \$ \_\_\_\_\_

**Applicant requests the assessment to be reduced to full market value of → \$** \_\_\_\_\_Has the property been sold, offered for sale or under contract in the past 12 months? ☐ Yes ☐ No Price \$ \_\_\_\_\_

If Yes, attach contract of sale or listing.

**PART C: CONTACT INFORMATION AND DESIGNATION OF REPRESENTATIVE** (Required)Representative: ☐ Self ☐ Representative (must have authorization/signature of homeowner)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**PART D: PROPERTY INFORMATION** (Optional)Year acquired \_\_\_\_\_ Price \$ \_\_\_\_\_ Was this an arms-length sale? ☐ Yes ☐ No Approximate year built \_\_\_\_\_Has any construction or alteration been started or completed in the past 3 years? ☐ Yes ☐ No Cost as of Jan 2. \$ \_\_\_\_\_During your ownership, have you expanded the house's living area by building up or out, or by converting a porch, garage, attic or basement? ☐ Yes ☐ No If yes, describe in the space at the end of Part D or in an attachment.Use: ☐ 1 family ☐ Mother/daughter ☐ 2 family ☐ 3 family ☐ Condominium ☐ Other: \_\_\_\_\_

Name of development or homeowners' association \_\_\_\_\_

What part is currently used as a residence for the owners and their families? ☐ All ☐ Part: \_\_\_\_\_ ☐ NoneIs property rented or offered for rent? ☐ Yes ☐ No Number of units \_\_\_\_\_ Rent \$ \_\_\_\_\_ Attach copies of current leases.What is below the main part of the house? ☐ Finished basement ☐ Unfinished basement ☐ Crawl-space ☐ Slab

Fill-in the number of: Kitchens \_\_\_\_\_ Full baths \_\_\_\_\_ Half baths \_\_\_\_\_ Bedrooms \_\_\_\_\_ Other rooms \_\_\_\_\_

Does house have: A garage? ☐ 1 car ☐ 2 cars ☐ 3+ cars ☐ None Central air conditioning? ☐ Yes ☐ NoIn-ground pool? ☐ Yes ☐ No Waterfront access? ☐ Yes ☐ No A professional office or business use? ☐ Yes ☐ NoAre any of these adjacent to or visible from the house? ☐ Waterfront ☐ Street with a painted center line or other traffic separation☐ Railroad ☐ Commercial property ☐ Apartment house ☐ Golf course ☐ Park ☐ None of these

Other facts: \_\_\_\_\_

**PART E: RECENT SALES OF COMPARABLE HOUSES** (optional)

List open market sales of homes similar to yours that have recently sold. Describe any significant differences.

	Taxpayer's house	Sale #1	Sale #2	Sale #3
Section, block, lot				
House # and street				
Sale date (mo., yr.)				
Price, if known				
Comments				

**PART F: STATEMENT OF CLAIM AND CERTIFICATION** (Required)

I ask the Board of Assessment Review to determine the assessment by multiplying my estimate of the full market value of the property by the correct level of assessment for Class 1 property on the Village assessment rolls. If the result is less than the tentative assessment, I request that the assessment be reduced to that amount.

**I certify that all statements made in this application are true and correct to the best of my knowledge and belief and I understand that the making of any willful false statements of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.**

**X** \_\_\_\_\_  
**Date** (Required)

**Signature** (Required): **X** \_\_\_\_\_

**Printed Name** (Required): \_\_\_\_\_

**The individual certifying this statement is:**(Required)

- ☐ The Owner    ☐ Lessee of entire property (attach lease)    ☐ Authorized representative (attach authorization)  
☐ Contract Vendee (buyer under contract – attach the contract)    ☐ Condominium Board of Managers    ☐ Qualified fiduciary (attach)

**INSTRUCTIONS FOR FORM AR 1 See separate instruction sheet for more information**

*Applications can only be filed between 9:00AM February 1, 2024 and 8:00PM February 20, 2024*

**To file your application:**

- Complete this form, make one additional copy, and mail to:**  
**Sea Cliff Village Assessor, Post Office Box 340 Sea Cliff, NY 11579, \*OR\***
- Complete this form, , make one additional copy, and file in person at**  
**Sea Cliff Village Hall, 300 Sea Cliff Avenue, Sea Cliff, NY 11579**

**THE VILLAGE OF SEA CLIFF DOES NOT ACCEPT APPLICATIONS VIA FAX OR EMAIL**

Use this form to contest the value of an exclusively residential 1, 2 or 3 family house or Class 1 condominium unit. Call

516-671-0080 if you need other forms or instructions.

**Parts A-C and F MUST BE COMPLETELY FILLED OUT. The application is defective if any portion is omitted.**