

APPLICATION FOR APPOINTMENT AS HEARING OFFICER SMALL CLAIMS ASSESSMENT REVIEW PROGRAM

The Small Claims Assessment Review Program provides New York State homeowners of one, two or three family owner-occupied residences with the opportunity to obtain a review of the decision of a local Board of Assessment Review in the Supreme Court. This Program is established in Title 1-A of the Real Property Tax Law.

This law provides that the review shall take place before a hearing officer in an informal setting. Individuals who desire to be considered for appointment as a hearing officer should use the attached form.

GENERAL REQUIREMENTS

To apply for appointment as a hearing officer, you must be a resident of New York State, and meet any one of the following requirements:

1. You are admitted to the Bar in New York State, or
2. You are a licensed Real Estate Broker in New York State, or
3. You are a former assessor or Director of Real Property Services and were trained by the New York State Office of Real Property Services (formerly the State Board of Equalization and Assessment); or
4. You are a State certified appraiser or State licensed real estate appraiser in possession of a current certification issued by the State Board of Real Estate Appraisers; or
5. You have received one of the following professional designations:

INTERNATIONAL ASSOCIATION OF ASSESSING OFFICERS:

Certified Assessment Evaluator (CAE)
Residential Evaluation Specialist (RES)
Accredited Assessment Evaluator (AAE)

SOCIETY OF REAL ESTATE APPRAISERS:

Senior Residential Appraiser (SRA)
Senior Real Property Appraiser (SRPA)
Senior Real Estate Analyst (SREA)

AMERICAN INSTITUTE OF REAL ESTATE APPRAISERS:

Member Appraisal Institute (MAI)

INSTITUTE OF ASSESSING OFFICERS:

Member (IAO)

**UNIFIED COURT SYSTEM
APPLICATION FOR APPOINTMENT AS HEARING OFFICER
SMALL CLAIMS ASSESSMENT REVIEW PROGRAM**

1. Name of Applicant

Last Name	First Name	MI
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Mailing Address

City or Post Office	State	Zip Code
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Home Telephone Number	Business Telephone Number
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2. Citizenship: Are you a citizen of the United States? Yes No
 If no, do you have a legal right to work in the United States? Yes No

3. Legal Residence: Fill in the names of the city, town or village, county and state of which you are a permanent residence. Show the number of years and months that you have continually lived in each of these units immediately preceding the date of this application.

Name of City, Town or Village	Years	Months
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County	Years	Months
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State	Years	Months
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4. Answer all questions by placing "X" in the appropriate column. If your answer is "YES" to any of these questions, give particulars in item 7.

	YES	NO
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Except for minor traffic offenses and adjudications as a youthful offender, wayward minor or juvenile delinquent:

Have you ever been convicted of an offense against the law?	_____	_____
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Have you ever forfeited bail or other collateral?	_____	_____
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Do you now have any criminal charges pending against you?	_____	_____
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Do you currently have a physical, mental or medical impairment that would interfere with your ability to perform the job for which you are applying?	_____	_____
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Are you currently addicted to the unlawful use of narcotics or intoxicating beverages? _____

Have you ever been dismissed from any employment for reasons other than lack of work or funds? _____

Have you ever received a discharge from the Armed Forces which was other than honorable? _____

5. Requirements Section. Please indicate which of the following requirements you meet, and attach a copy of your certificate, diploma or other notification:

a. If an attorney, date and department of admission: _____
Date Department

b. If an attorney, are you registered with the Office of Court Administration pursuant to section 468-a of the Judiciary Law? Yes No

c. Licensed Real Estate Broker? Yes No Registration No: _____

d. Assessing or Appraising Qualifications: Yes No

1. Course title and description: _____

2. Date(s) and location: _____

3. Agency, organization or college: _____

4. Certification title and date: _____

6. Current employment. Enter the name, address and business of employer:

7. Remarks: (add additional pages if more space is needed: _____

8. Please indicate the counties in which you wish to serve: _____

9. Please complete this affirmation; I affirm that the statements made on this application (including any attached paper) are true. False statements made in this application are punishable under the Penal Law (Section 210.45)

Signature

Date