



Application for Alternative Veterans Exemption from Real Property Taxation

General information and instructions for completing this form are contained in Form RP-458-a-Ins.

1. Name and telephone numbers of owner(s):

2. Mailing address of owner(s):

Day No. () _____
Evening No. () _____
E-mail address: _____

3. Location of property (see instructions):

Street address

City/Town

Village (if any)

School District

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot _____

4. Is the owner a veteran who served in the active military, naval, or air service of the United States? Yes No

If No, indicate the relationship of the owner to veteran who rendered such service: _____

If Yes, is the veteran also the unremarried surviving spouse of a veteran? Yes No

5. Indicate branch of veteran's service and dates of active service: _____
(attach written evidence)

6. Was the veteran discharged or released from the active service under honorable conditions? Yes No
(if Yes, attach written evidence)

7. Did the veteran serve in a combat zone or combat theater? Yes No

If Yes, where did the veteran serve and when was such service performed? _____
(attach written evidence)

8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a service connected disability? Yes No

If Yes, what is (was) the veteran's compensation rating? _____
(attach written evidence showing the date such rate was established)

Check if rating is permanent?

If No, did the veteran die in service of a service connected disability or in the line of duty while serving during wartime? Yes No (if Yes, attach written evidence)

9. Is the property the primary residence of the veteran, unremarried surviving spouse of the veteran, or Gold Star parent? Yes No

If No, is the veteran, unremarried surviving spouse of the veteran, or Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? Yes No

Explain: _____

10. Is the property used exclusively for residential purposes? Yes No

If No, describe the non-residential use of this property and state what portion is so used. _____

11. Date title to this property was acquired: _____
(attach copy of deed)

12. Has the owner(s) ever received or is the owner(s) now receiving a veterans exemption based on eligible funds on property in New York State? Yes No

If Yes, the amount of eligible funds used in the purchase was \$ _____

Does that eligible funds exemption cover the same property listed on line 3? Yes No

If No, enter the location:

Street address: _____

Village: _____ City/Town: _____ School District: _____

If Yes, are you submitting this application only because you are seeking a school tax exemption? (Check Yes if you want to apply for a new school tax exemption without having any changes made to your existing eligible funds exemption; check No if you want your existing eligible funds exemption to be replaced with the alternative veterans exemption.) Yes No

I (we) hereby certify that all statements made on this application are true and correct to the best of my (our) knowledge and belief and I (we) understand that any willful false statement made herein will subject me (us) to the penalties prescribed therefore in the Penal Law.

All Owners Must Sign Application

Signature of owner(s) Date Signature of owner(s) Date

For Assessor's Use Only

Alternative veterans exemption (RP-458-a)	Assessment	Period of war, active service, or expeditionary medal recipient (15% or ceiling max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Combat zone service (including expeditionary medal) (10% or ceiling max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Service connected disability rating _____ (× 50% or ceiling max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Total
Village					
Town/City					
County					
School district					

Assessor's signature Date