Application for Alternative Veterans Exemption from Real Property Taxation

See instructions, Form RP-458-a-I, for assistance in completing this form.

1. Name(s) of owner(s)	

2. Mailing address of owner(s) *(number and street or PO box)*	3. Location of property *(street address)*
City, village, or post office State ZIP code	City, town, or village State ZIP code
Daytime contact number Evening contact number	Date of purchase of real property
Email address	Tax map number of section/block/lot: Property identification *(see tax bill or assessment roll)*

Name(s) of any non-owner spouse(s)

Address(es) of primary residence(s) if different from above:

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 the branch of veteran's service and dates of active service: _____
     Attach written evidence.

6. Was the veteran discharged or released from active service under honorable conditions? .... Yes ☐ No ☐

     If *Yes*, attach written evidence.

     If *No*, did the veteran receive a letter from the New York State Division of Veterans' Services stating
     that the veteran now meets the character discharge criteria for all of the benefits and services listed
     in the Restoration of Honor Act? If *Yes*, attach a copy of the letter .... Yes ☐ No ☐

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

     If *Yes*, where did the veteran serve and when was that service performed? _____
     Attach written evidence.

8. Did the veteran receive 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 the rate was established.

     Mark an *X* in the box if the 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? If *Yes*, attach written evidence .... Yes ☐ No ☐

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

     If *No*, is the veteran, unremarried surviving spouse of the veteran, or the 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 the 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 page 1? .... Yes ☐ No ☐

    If *No*, enter the location of this property in New York State:

Street address		
Village	City/town	School district

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

Certification

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 in the Penal Law.

All owners must sign this application

Signature of owner(s)	Date	Signature of owner(s)	Date
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 ☐ Yes ☐ No	Combat zone service (including expeditionary medal) (10% or ceiling max.) approved ☐ Yes ☐ No	Service connected disability rating ____ (× 50% or ceiling max.) approved ☐ Yes ☐ No	Total
Village					
Town/City					
County					
School district					

Name of assessor *(please print)*	
Signature of assessor	Date