



Application for Cold War Veterans
Exemption from Real Property Taxation

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

Form with fields for: 1. Name(s) of owner(s), 2. Mailing address of owner(s), 3. Location of property, City, village, or post office, State, ZIP code, Daytime contact number, Evening contact number, Date of purchase of real property, Email address, Tax map number of section/block/lot, 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 between September 2, 1945 and December 26, 1991? 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.

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? Yes [ ] No [ ]

If Yes, attach a copy of the letter.

7. 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.

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; if Yes, attach written evidence Yes [ ] No [ ]

8. Is the property the primary residence of the veteran or the unremarried surviving spouse of the veteran? Yes [ ] No [ ]

If No, is the veteran or unremarried surviving spouse of the veteran absent from the property due to medical reasons or institutionalization? Yes [ ] No [ ]

Explain: \_\_\_\_\_

9. 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: \_\_\_\_\_

10. Date title to this property was acquired: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Attach copy of deed.

11. Has the owner(s) ever received, or is the owner(s) now receiving an eligible funds veterans exemption or alternative veterans exemption on property in New York State? ..... Yes  No

Fill out if Yes, and the location of the property is not listed on page 1.

Street address		
Village	City/Town	School district

12. Has the owner(s) ever received a Cold War veterans exemption on property within New York State? ..... Yes  No

Fill out if Yes, and the location of the property is not listed on page 1.

Street address	
Village	City/Town
The exemption was received in the following years	

**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 therefore in the Penal Law.

**All Owners Must Sign Application**

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

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

**Assessor's Use Only**

Cold War veterans exemption (RP-458-b)	Assessment	Period of Cold War active service (10%, 15%, or ceiling max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Service connected disability rating _____ (x 50% or ceiling max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Total
Village				
Town/City				
County				
School				

Name of assessor	
Assessor's signature	Date