



New York State Board of Real Property Services

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 tele phone no. of owners)

2. Mailing address of owner(s)

\_\_\_\_\_  
\_\_\_\_\_  
Day No. ( )  
Evening No. ( )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Location of property (see instructions)

\_\_\_\_\_  
Street address  
\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Village (if any)

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 (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 Veterans' 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)

Is this rating permanent? \_\_ Yes \_\_ No

If No, did the veteran die in service of 'a service connected disability? \_\_ Yes \_\_ No (Attach written evidence)

9. Is this property the primary residence of the veteran or unremarried spouse of the veteran? \_\_ Yes \_\_ No If No, is the veteran or unremarried surviving spouse of the veteran 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 \$ \_\_\_\_\_

The location of the property was or is: \_\_\_\_\_ (same as in question 3) or

Street address: \_\_\_\_\_

Village of \_\_\_\_\_ City/Town of \_\_\_\_\_ School District \_\_\_\_\_

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 therefor in the Penal Law.

ALL OWNERS MUST SIGN APPLICATION

\_\_\_\_\_  
Signature of owner(s) Date

\_\_\_\_\_  
Signature of owner(s) Date

————— SPACE BELOW FOR ASSESSOR'S USE ONLY —————

Alternative veterans exemption (RP-458-a)	Assessment	Period of war active service or medal recipient (15% or ceiling approved <input type="checkbox"/> Y <input type="checkbox"/> N	Combat zone (including medal) (10% or Max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Service connected disability rating (x50% or ceiling Max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Total
Village of					
Town/City of					
County of					

\_\_\_\_\_  
Assessor's signature

\_\_\_\_\_  
Date