



Application for Alternative Veterans Exemption from Real Property Taxation

For assistance in completing this form, see Form RP-458-a-I, *Instructions for Form RP-458-a*.

| | | | |
|---|------------------------|--|------------------------|
| 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 |
| Daytime contact number | Evening contact number | Date of purchase of real property (mmddyyyy) | |
| 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 serves or served in the active military, naval, or air service of the United States? ... Yes No
If No, indicate the relationship of the owner to the 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, and skip to line 7.

6a. If No, is the veteran a military service member who reenlisted after fulfilling their initial commitment, who currently remains in the active military, naval, or air service of the United States, and who has been in service for at least 10 years? Yes No
If Yes, attach written evidence of both the current enlistment and length of service, and skip to line 7.

6b. 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. Did the veteran serve in a combat zone or combat theater? Yes No
If Yes, indicate where the veteran served and the dates of that service. _____
Attach written evidence.

8. Did the veteran receive a compensation rating from the United States Department of Veterans Affairs or from the United States Department of Defense as a result of a service-connected disability? Yes No
8a. If Yes, what is, or 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:

8b. 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, the unremarried surviving spouse of the veteran, or the Gold Star parent of the veteran? Yes No
If No, is the veteran, the unremarried surviving spouse of the veteran, or the Gold Star parent 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 percentage of the property is used for such purposes:

11. Date (mmddyyyy) the title to this property was acquired and attach a copy of the 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 No, skip to *Certification*.12a. If Yes, enter the amount of eligible funds used in the purchase. \$12b. Does that eligible funds exemption cover the same property listed on page 1? Yes No

If Yes, skip to line 12d.

12c. If No, enter the location of this property in New York State, then skip to *Certification*:

Physical address (number and street)

| | | |
|---------|-----------|-----------------|
| Village | City/town | School district |
|---------|-----------|-----------------|

12d. If Yes, are you submitting this application only because you are seeking a school tax exemption?

(Mark an **X** in the Yes box if you want to apply for a new school tax exemption without having any changes made to your existing eligible funds exemption; mark an **X** in the No box 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 | Date (mmddyyyy) | Signature | Date (mmddyyyy) |
| Signature | Date (mmddyyyy) | Signature | Date (mmddyyyy) |

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 | Combat zone service (including expeditionary medal) (10% or ceiling max.) approved | Service connected disability rating _____ (x 50% or ceiling max.) approved | Total |
|---|------------|--|--|--|-------|
| Village | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Town/City | | | | | |
| County | | | | | |
| School district | | | | | |

| |
|---------------------------------|
| Name of assessor (please print) |
|---------------------------------|

| | |
|-----------------------|------|
| Signature of assessor | Date |
|-----------------------|------|