



NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE
OFFICE OF REAL PROPERTY TAX 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 telephone no. of owner(s)
2. Mailing address of owner(s)
3. Location of property (see instructions)
4. Is the owner a veteran who served in the active military, naval or air service of the United States?
5. Indicate branch of veterans service and dates of active service:
6. Was the veteran discharged or released from the active service under honorable conditions?
7. Did the veteran serve in a combat zone or combat theater?
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?
9. Is the property the primary residence of the veteran, unmarried surviving spouse of the veteran or Gold Star parent?
10. Is the property used exclusively for residential purposes?

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 therefore 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 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 _____(x 50% or ceiling Max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Total
Village of					
Town/City of					
County of					

Assessor's signature

Date