New York State Department of Taxation and Finance
Office of Real Property Tax Services

**RP-458-a**
(4/14)

# 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 numbers of owner(s):

   _____

   _____

   Day No. (  ) _____

   Evening No. (  ) _____

   E-mail address: _____

2. Mailing address of owner(s):

   _____

   _____

   _____

   _____

3. Location of property *(see instructions)*:

   _____ Street address

   _____ Village (if any)

   _____ City/Town

   _____ School District

   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 *(if Yes, 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 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)*

   ☐ Check if 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? ☐ Yes ☐ No *(if Yes, attach written evidence)*

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

   If *No*, is the veteran, unremarried surviving spouse of the veteran, or 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 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 line 3? ☐ Yes ☐ No

    If *No*, enter the location:

    Street address: _____

    Village: _____ City/Town: _____ School District: _____

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

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 _____

## 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 | | | | | |

Assessor's signature _____ Date _____