NYS 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 telephone no. of owner(s)

_____

_____

Day No. ( )_____

Evening No. ( ) _____

2. Mailing address of owner(s)

_____

_____

_____

3. Location of property (see instructions)

_____ _____

Street address Village (if any)

_____

City/Town

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot_____

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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 veterans 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 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 (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 $_____

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 ___Yes ___No	Combat zone service (including expeditionary medal) (10% or ceiling Max.) approved ___Yes ___No	Service connected disability rating ____(x 50% or ceiling Max.) approved ___Yes ___No	Total
Village of					
Town/City of					
County of					

_____ _____
Assessor's signature Date