Department of Taxation and Finance
Office of Real Property Tax Services

Application for Alternative Veterans Exemption from Real Property Taxation

RP-458-a
(1/16)

See instructions, Form RP-458-a-I, for assistance in completing this form.

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	State ZIP code
Daytime contact number	Evening contact number	Date of purchase of real property	
E-mail 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 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: _____
   If *Yes*, 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.
   Mark an ***X*** in the box if the 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; if *Yes*, attach written evidence ..... Yes ☐ No ☐

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 page 1? ..... 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 ☐

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 therefore in the Penal Law.

All Owners Must Sign Application

Signature of owner(s)	Date
Signature of owner(s)	Date

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					

Name of assessor	
Assessor's signature	Date