

Department of Taxation and Finance Office of Real Property Tax Services

RP-458

(1/16)

Application for Veterans Exemption From Real Property Taxation

See instructions, Form RP-458-I, for assistance in completing this form. Attach additional sheets if needed.

Name(s) of owner(s)				
Mailing address of owner(s) (number and street or PO box)		Location of property (street address)	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 ide	ntification (see tax bill or assessment roll)	
Name(s) of any non-owner spouse	e(s)			
Address(es) of primary residence(s) if different from above:			
If this application is preser	nted on behalf of the owner, complete the	nis section:		
Name		Capacity in which you are acting on behalf of c	Capacity in which you are acting on behalf of owner	
Your Post office address				
b) The owner is: The Dep Chil Complete if an applicate pending, or has been a Location of property a) Amount of eligible further are the pending and property	military or naval services spouse Unremarried surviving pendent father Dependent mothod under twenty-one years of age of the sion for the veterans exemption on other pproved: City/Town/Village		previously been granted, is County, State of New York.	
3 List below the amounts		ites Government or by the State of New		
Date paid	State exact nature of payment (include identification number, if any)		Amount	
			\$	
Total				

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4	Of the eligible funds listed in line 3, s	•	•	
				\$
		\$		
	· · · · · · · · · · · · · · · · · · ·		·	\$
	Paid to			
				\$
	Paid to	•		
	Paid to	•		
	Total amount of eligible funds use	ed in the purchase of the	ne property (add lines 2, 3, and 4)	\$
5	Is the owner claiming a total exempt (eligibility for or use of federal funds necessary by a veteran's disability?	to acquire a residence	with special fixtures or facilities	made
	If Yes, enter the name of the School	District		
	If Yes, attach proof of the eligibility for	or or monies received f	from the United States governme	nt.
6	Has the owner(s) ever received or is property in New York State?			emption on Yes No
	If Yes, year first granted		year last granted	
	Location of property		of	County, State of New York.
	The property was exempt for which	of the following purpos	es:	
	County	City/Town	City/Town Village	
ar				best of my (our) knowledge and belief enalties prescribed therefore in the Penal
S	tate of New York, County of		Signature of owner or authorized	representative
		heina	duly sworn denoses and says the	nat the statements contained in this
ap	oplication are true to the best of his or	-	dary ewern, deposed and days a	
S	ubscribed and sworn to me this	day of	20	
			Commissioner of	deeds or notary public
		This Area for	Assessor's Use Only	
	Application approved:		_	
	Amount of eligible funds: \$		Application deflica.	
	Amount of eligible funds. \$	-		
	A			
	Amount of exemption: \$			
	Amount of exemption: \$			
			Date	