



# 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) <i>(number and street or PO box)</i>		Location of property <i>(street address)</i>	
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 <i>(see tax bill or assessment roll)</i>	
Name(s) of any non-owner spouse(s)			
Address(es) of primary residence(s) if different from above:			

If this application is presented on behalf of the owner, complete this section:

Name	Capacity in which you are acting on behalf of owner
Your Post office address	

## Eligibility

1 Mark an **X** in the appropriate boxes below:

- a) The owner rendered military or naval services
- b) The owner is:    The spouse     Unremarried surviving spouse   
                           Dependent father     Dependent mother   
                           Child under twenty-one years of age of the person who rendered military or naval service

2 Complete if an application for the veterans exemption on other property owned in New York State has previously been granted, is pending, or has been approved:

Location of property \_\_\_\_\_ of \_\_\_\_\_ County, State of New York.  
City/Town/Village

a) Amount of eligible funds claimed or allowed ..... \$

b) Latest year in which exemption was granted: ..... \_\_\_\_\_

3 List below the amounts of eligible funds paid by the United States Government or by the State of New York, including insurance dividends retained by the United States Government for insurance premiums:

Date paid	State exact nature of payment <i>(include identification number, if any)</i>	Amount
		\$
<b>Total</b> .....		

4 Of the eligible funds listed in line 3, specify below the amounts, if any, which were used in the purchase of real property:

Full purchase price of property ..... \$ \_\_\_\_\_

Amount of down payment (if any) ..... \$ \_\_\_\_\_

Amount of purchase money mortgage given or assumed at the time of purchase ..... \$ \_\_\_\_\_

    Paid to \_\_\_\_\_ Date paid \_\_\_\_\_

Improvements to property ..... \$ \_\_\_\_\_

    Paid to \_\_\_\_\_ Date paid \_\_\_\_\_

    Paid to \_\_\_\_\_ Date paid \_\_\_\_\_

Total amount of eligible funds used in the purchase of the property (add lines 2, 3, and 4) ..... \$ \_\_\_\_\_

5 Is the owner claiming a total exemption pursuant to Section 458(3) of the Real Property Tax Law (eligibility for or use of federal funds to acquire a residence with special fixtures or facilities made necessary by a veteran's disability? ..... Yes  No

If Yes, enter the name of the School District ..... \_\_\_\_\_

If Yes, attach proof of the eligibility for or monies received from the United States government.

6 Has the owner(s) ever received or is the owner(s) now receiving an alternative veterans exemption on property in New York State? ..... 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 purposes:

County \_\_\_\_\_ City/Town \_\_\_\_\_ Village \_\_\_\_\_

7 Is this application made for the purposes of reobtaining a previously granted eligible funds exemption which will be subject to a local change in level of assessment (see instructions) ..... Yes  No

**Certification**

I (we) hereby certify that all the 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.

State of New York, County of	Signature of owner or authorized representative
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\_\_\_\_\_, being duly sworn, deposes and says that the statements contained in this application are true to the best of his or her knowledge.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Commissioner of deeds or notary public

***This Area for Assessor's Use Only***

Application approved: \_\_\_\_\_ Application denied: \_\_\_\_\_

Amount of eligible funds: \$ \_\_\_\_\_

Amount of exemption: \$ \_\_\_\_\_

Assessor's name	
Assessor's signature	Date