



Application for Alternative Veterans and Veterans with a Permanent and Total Disability Exemptions from Real Property Taxation

For assistance in completing this form, see Form RP-458-a-I, *Instructions for Form RP-458-a*.

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 (mmddyyyy)
Email 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 serves or served in the active military, naval, or air service of the United States? ... Yes ☐ No ☐
If No, indicate the relationship of the owner to the veteran who rendered such service: _____
If Yes, is the veteran also the unremarried surviving spouse of a veteran? Yes ☐ No ☐
5. Indicate the branch of veteran's service and dates of active service: _____
Attach written evidence.
6. Was the veteran discharged or released from active service under honorable conditions? Yes ☐ No ☐
If Yes, attach written evidence, and skip to line 7.
- 6a. If No, is the veteran a military service member who reenlisted after fulfilling their initial commitment, who currently remains in the active military, naval, or air service of the United States, and who has been in service for at least 10 years? Yes ☐ No ☐
If Yes, attach written evidence of both the current enlistment and length of service, and skip to line 7.
- 6b. If No, did the veteran receive a letter from the New York State Division of Veterans' Services stating that the veteran now meets the character discharge criteria for all of the benefits and services listed in the Restoration of Honor Act? Yes ☐ No ☐
If Yes, attach a copy of the letter.
7. Did the veteran serve in a combat zone or combat theater? Yes ☐ No ☐
If Yes, indicate where the veteran served and the dates of that service. _____
Attach written evidence.
8. Is the veteran considered by the United States Department of Veterans Affairs to be permanently and totally disabled as a result of military service?..... Yes ☐ No ☐
If Yes, attach written evidence from the United States Department of Veterans Affairs.
9. Did the veteran receive a compensation rating from the United States Department of Veterans Affairs or from the United States Department of Defense as a result of a service-connected disability? Yes ☐ No ☐
- 9a. If Yes, what is, or was, the veteran's compensation rating? _____
Attach written evidence showing the date the rate was established.
Mark an **X** in the box if the rating is permanent: ☐
- 9b. 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.

10. Is the property the primary residence of the veteran?..... Yes ☐ No ☐

If Yes, skip to line 11.

If No, is the veteran absent from the property due to medical reasons or institutionalization? Yes ☐ No ☐

If Yes, explain: _____

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

If Yes, skip to line 11.

If No, is the unremarried surviving spouse of the veteran, or the Gold Star parent of the veteran the owner of the property and absent from the property due to medical reasons or institutionalization? Yes ☐ No ☐

If Yes, explain: _____

11. Is the property used exclusively for residential purposes? Yes ☐ No ☐

If No, describe the non residential use of this property and state what percentage of the property is used for such purposes:

12. Date (mmddyyyy) the title to this property was acquired and attach a copy of the deed.

13. 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 No, skip to *Certification*.

13a. If Yes, enter the amount of eligible funds used in the purchase. \$

13b. Does that eligible funds exemption cover the same property listed on page 1? Yes ☐ No ☐

If Yes, skip to line 13d.

13c. If No, enter the location of this property in New York State, then skip to *Certification*:

Physical address (number and street)		
Village	City/town	School district

13d. If Yes, are you submitting this application only because you are seeking a school tax exemption?

(Mark an **X** in the Yes box if you want to apply for a new school tax exemption without having any changes made to your existing eligible funds exemption; mark an **X** in the No box 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 in the Penal Law.

All owners must sign this application

Signature	Date (mmddyyyy)	Signature	Date (mmddyyyy)
Signature	Date (mmddyyyy)	Signature	Date (mmddyyyy)

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	Service connected permanent and total disability (full exemption) approved ☐ Yes ☐ No	Total
Village						
Town/City						
County						
School district						

Name of assessor (please print)

Signature of assessor

Date