



**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)

2. Mailing address of owner(s)

Day No. () _____
Evening No. () _____

3. Location of property (see instructions)

Street address

City/Town

Village (if any)

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot _____

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: _____
(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 Veterans' 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)

Is this rating permanent? ___ Yes ___ No

If No, did the veteran die in service of a service connected disability? ___ Yes ___ No (Attach written evidence)

9. Is this property the primary residence of the veteran or unremarried spouse of the veteran? ___ Yes ___ No
If No, is the veteran or unremarried surviving spouse of the veteran 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 therefor 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Combat zone service (including expeditionary medal) (10% or ceiling Max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Service connected disability rating (x50% or ceiling Max.) approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Total
Village of					
Town/City of					
County of					

Assessor's signature

Date