



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 numbers of owner(s):	2.	Mailing address of owner(s):			
	Day No. ()					
	Evening No. ()					
	E-mail address:					
3.	Location of property (see instructions):					
	Street address		Village (if any)			
	City/Town		School District			
	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 <i>No</i> , 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 se	ervi	ce: (attach written evidence)			
6.	Was the veteran discharged or released from the active s	ervi	ice under honorable conditions?			
7.	Did the veteran serve in a combat zone or combat theater	r?	☐ Yes ☐ No			
	If Yes, where did the veteran serve and when was such	ser	vice performed?			
Q	Has the veteran received, or did the veteran receive prior	to l				
Ο.	States Veteran's Administration or from the United States disability?	De	·			
	If Yes, what is (was) the veteran's compensation rating?	(att	ach written evidence showing the date such rate was established			
	Check if 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? Yes No (if Yes, attach written evidence)					
9.	Is the property the primary residence of the veteran, unre or Gold Star parent? \square Yes \square No	mar	rried surviving spouse of the veteran,			
	If <i>No</i> , 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:					

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10. Is the property used exclusively for residential purposes?								
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 line 3?								
If No, enter the location:								
Street address:								
Village: School District:								
you want to apply for a new school tax exemption without having any changes made to your existing eligible funds exemption; check <i>No</i> if you want your existing eligible funds exemption to be replaced with the alternative veterans exemption.) Yes No 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 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	Combat zone service (including expeditionary medal) (10% or ceiling max.) approved	Service connected disability rating(× 50% or ceiling max.) approved	Total			
Village								
Town/City								
County								
School district								
Assessor's signature		Date						