Application for Alternative Veterans Exemption from Real Property Taxation

See instructions, Form RP-458-a-l, for assistance in completing this form.

1. Name(s) of owner(s)

2. Mailing address of owner(s) (number and street or PO box)  
   City, village, or post office  
   State  
   ZIP code  
   Daytime contact number  
   Evening contact number

3. Location of property (street address)  
   City, town, or village  
   State  
   ZIP code  
   Date of purchase of real property

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 unmarried 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.
   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 □

7. Did the veteran serve in a combat zone or combat theater?  
   Yes □  No □
   If Yes, where did the veteran serve and when was that service performed? ______________________________
   Attach written evidence.

8. Did the veteran receive a compensation rating from the United States Veteran's 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 the rate was established.
   Mark an X in the box if the 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 □

9. Is the property the primary residence of the veteran, unmarried surviving spouse of the veteran, or the Gold Star parent?  
   Yes □  No □  
   If No, is the veteran, unmarried surviving spouse of the veteran, or the Gold Star parent 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 the 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 page 1? ......................................... Yes □ No □
   If No, enter the location of this property in New York State:

   Street address
   Village
   City/town
   School district

   If Yes, are you submitting this application only because you are seeking a school tax exemption?
   (Mark Yes if you want to apply for a new school tax exemption without having any changes made to your existing eligible funds exemption; mark No 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

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<th>Signature of owner(s)</th>
<th>Date</th>
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For Assessor’s Use Only

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<thead>
<tr>
<th>Alternative veterans exemption (RP-458-a)</th>
<th>Assessment</th>
<th>Period of war, active service, or expeditionary medal recipient (15% or ceiling max.) approved</th>
<th>Combat zone service (including expeditionary medal) (10% or ceiling max.) approved</th>
<th>Service connected disability rating (× 50% or ceiling max.) approved</th>
<th>Total</th>
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Name of assessor (please print)

Signature of assessor

Date