

## NYS BOARD OF REAL PROPERTY SERVICES

## 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)
	y No. ( )
Εv	ening No. ( )
	3. Location of property (see instructions)
Stı	Village (if any)
Ci	ry/Town Property identification (see tax bill or assessment roll)
T	ax 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?YesNo If <u>No</u> , indicate the relationship of the owner to veteran who rendered such service: If <u>Yes</u> , is the veteran also the unremarried surviving spouse of a veteran?YesNo
5.	Indicate branch of veterans service and dates of active service:
6.	(Attach written evidence) 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 <u>Yes</u> , where did the veteran serve and when was such service performed? (Attach written evidence)
	(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 Veteran's Administration or from the United States Department of Defense as a result of a service connected disability?YesNo If Yes, what is (was) the veteran's compensation rating?(Attach written evidence showing the date such rate was established) check if rating is permanent?
	If <u>No</u> , did the veteran die in service of a service connected disability or in the line of duty while serving during wartime? <u>Yes</u> No (Attach written evidence)
9.	Is the property the primary residence of the veteran, unremarried surviving spouse of the veteran or Gold Star parent?YesNo If <u>No</u> , 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?YesNo Explain:

10. Is the property used exclusively for residential purposes? <u>Yes</u> No If <u>No</u>, describe the non-residential use of this property and state what portion is so used.

on property in New Y	York State?Yes]	No		
If yes, the amount of	eligible funds used in the purchase	e was \$		
The location of the prope	(same as in question 3) or	(same as in question 3) or		
Street address:				
Village of	City/Town of	School District		
		ation are true and correct to the best of my (our)	o f	

12. Has the owner(s) ever received or is the owner(s) now receiving a veterans exemption based on eligible funds

11. Date title to this property was acquired: \_\_\_\_\_\_ (attach copy of deed)

dge 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

Date

Signature of owner(s)

## 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 YesNo	Combat zone service (including expeditionary medal) (10% or ceiling Max.) approved YesNo	Service connected disability rating (x 50% or ceiling Max.) approved YesNo	Total
Village of					
Town/City of					
County of					